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American Optometric Association NEWS

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Volume 52

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No. 1

AOA positions optometry for changing health care system

Landmark changes in the American health care system, both government- and market-driven, are prompting a major re-evaluation of the way health care is provided and, in the process, a major "re-thinking" of eye care.

With that in mind, at last month's Optometry's Meeting® the AOA Third Party Center launched two major initiatives to help position optometry for an important place in a changing health care system.

A campaign targeted at public and private-sector insurance programs, "rethink eyecare" is designed to help administrators recognize the advantages of including optometrists as participating providers practicing at full scope for eye and vision care under their plans.

The new ACO Resource Toolkit shows practicing optometrists how to be included in emerging health care networks, according to Stephen Montaquila, O.D., chair of the AOA Third Party Center Executive Committee.

"The goal is to have optometrists be included as participating providers in all provider networks for all health plans and to ensure that the care we provide is delivered in accordance with the mandates of the Affordable Care Act: integrated, accountable, cost-effective care," Dr. Montaquila said.

The Affordable Care Act (ACA), emerging integrated health care systems, and growing cost consciousness in the business sector are among the many

See Rethink eyecare, page 26

New AOA Board takes office at 2013 Optometry's Meeting®



Past AOA President Ron Fair, O.D., at second to right, swears in the 2013-2014 AOA Board of Trustees. From left, Mitch Munson, O.D., David Cockrell, O.D., Steve Loomis, O.D., Andrea Thau, O.D., Ron Hopping, O.D., MPH, Christopher Quinn, O.D., Sam Pierce, O.D., Barb Horn, O.D., Bill Reynolds, O.D., Greg Caldwell, O.D., and Robert Layman, O.D.

The slate of AOA's 2013-2014 Board of Trustees was sworn into office June 29 at Optometry's Meeting®.

Mitchell T. Munson, O.D., takes the office of president of the AOA. Dr. Munson, of Highlands Ranch, Colo., was first appointed to the AOA Board of Trustees in 2006. He previously served as vice president and liaison trustee to the Third Party Center Executive Committee.

Dr. Munson's inaugural address theme focused on the future.

"Whatever is up around the bend, the AOA will be here to greet it," he said. (Read an excerpt from his address on page 4.)

David A. Cockrell, O.D., was elected president-elect of the AOA. Dr. Cockrell, of Stillwater, Okla., has served on the Legislative Action Response Committee and is the liaison trustee to the Affiliate Relations and Membership Group, Faculty Relations, Membership Development and Student and New Graduate committees.

"I really do know who

the important people are, and it's you all," Dr. Cockrell told the audience.

Steven A. Loomis, O.D., of Roxborough Park, Colo., was elected AOA vice president. He has served as secretary-treasurer and is a past chair of the AOA State Government Relations Center (SGRC), Oversight Board, AOA Health Care Legislative Committee (HCLC) and the Resolutions and the Legal Defense Fund Oversight committees.

see Board, page 6

AOA PAC Fights and Wins for Optometry.

Visit www.aoa.org/AOA-PAC.xml

President's Column
Up around the bend



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AOA House of Delegates
House approves change to allow benefits for member staffs



7

For new wearers with astigmatism:

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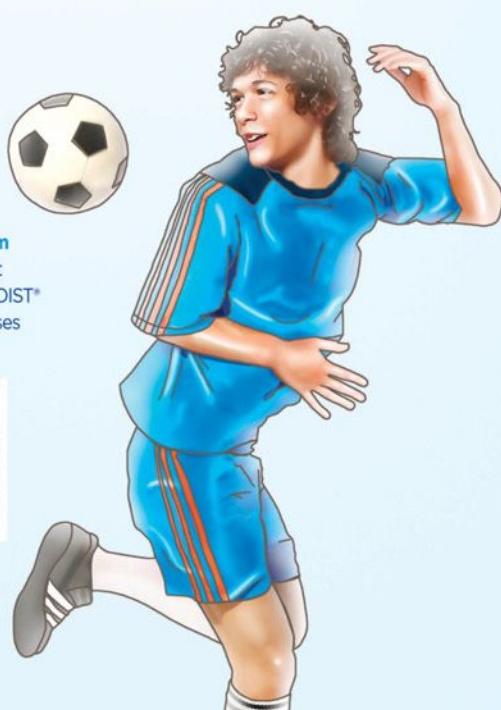
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'State of Optometry' sets profession's path to the future

Optometry can now make plans to take advantage of future opportunities based on analysis from the State of Optometry summit at Optometry's Meeting® in June.

Presented by AOAExcel™ and Jobson Optical Group, with co-sponsors Essilor and VisionWeb, the summit offered "An Action-Oriented Analysis of the State of the Optometric Profession."

The actionable analytics can "help optometry take advantage of the opportunities," said Barry Barresi, O.D., Ph.D., AOA executive director and AOAExcel™ CEO.

The analysis breaks the current status of optometry and its role in delivering eye care to the public into six influencers: output, supply, demand, government, payers, and technology.

Output

Mark Wright, O.D., *Review of Optometric Business* professional editor, offered an overview of optometry's current spot in the marketplace.

"Optometry dominates the primary eye care market," he noted. "But has not optimized the frequency of patient visits."

Currently, optometrists account for 85 percent of comprehensive eye exams with an average interval of 25 months between exams.

"This is well above the 12-month recommendation," Dr. Wright said.

"If ODs were to reduce the average interval between eye exams from 25 months to 18 months, ODs would per-

form an additional 34 million eye exams annually, a 39 percent increase," according to the report.

Other suggestions to improve output include:

- ❖ Improve recall processes
- ❖ Upgrade eyewear purchase experiences
- ❖ Broaden scope of practice

Supply

The report suggests the number of practicing ODs will grow faster than demand for vision care, but slower than demand for medical eye care.

In 2012, there were 58,000 licensed eye care providers in the U.S., and by 2020 there are projected to be 64,300. The vision correction population is expected to grow just 8 percent during the same timeframe.

"With one licensed eye care provider per 3,500 people using vision correction, there is no under supply," Dr. Wright said.

Strategies to improve supply include:

- ❖ Differentiate the practice's value proposition and fill in gaps to medical eye care access
- ❖ Increase hourly production

Demand

Increased demand from existing patients and expanded care for older populations and those at risk for eye disease offer new opportunities for optometry.

Nearly 200 million Americans require vision correction, which is 65 percent of the population.

Paul E. McRae of AT&T Business Solutions offered a brief overview of the impact of new technologies on eye care at the State of Optometry presentation in June.



As the baby boomer generation ages, the U.S. Census Bureau estimates the over-55 population will grow by 10 percent between 2010 and 2020. In turn, a 2 percent annual increase in the number of patients with diabetes, cataracts, glaucoma, macular degeneration and age-related eye diseases will occur.

Priorities to increase patient demand for eye care services include:

- ❖ Improve patient education to increase utilization of eye care
- ❖ Market medical eye care services
- ❖ Capture new demand from expansion of eye care benefits, including government and other third-party plans

"We're confident optometry will not only survive, but thrive," said Dr. Wright.

Government

As the scope of optometric practice continues to expand, the AOA and affiliates remain active in educating lawmakers about the profession.

Thanks to AOA-led advocacy, the U.S. Department of Health & Human Services defined essential pediatric benefits as a yearly eye exam and materials, resulting in increased access to optometric services. The AOA and affiliates will continue to address state laws regarding access, reimbursement and provider non-discrimination.

"The AOA and affiliates have done a remarkable job at putting the tools in place for optometry," said Stephen M. Montaquila, O.D., AOA Third Party Center Executive Committee chair.

To continue expanding OD scope, the profession must encourage the following:

- ❖ Maintaining strong affiliate and AOA associations
- ❖ Pursuing lifelong learning

Payers

Third-party reimbursement accounts continue to play a growing role as revenue



Barry Barresi, O.D., Ph.D., AOA executive director and AOAExcel™ CEO, talks about opportunities.

sources.

Optometrists reported two-thirds of revenue in 2011 coming from third-party sources, and only one-third coming directly from patients.

Effects from Medicaid expansion, the baby boomer increase in Medicare patients, accountable care organizations and mandated insurance coverage will all impact revenue from payers.

Optometrists should keep the following in mind:

- ❖ Understanding of contracts
- ❖ Understanding of the changing marketplace
- ❖ Recognition of opportunities

Technology

Paul E. McRae of AT&T Business Solutions offered a brief overview of the impact of new technologies on eye care. AT&T is a partner of AOAExcel™ and its health information technology connectivity solution.

New and emerging tech-

nologies are expected to expand and enhance diagnostic, management and communications capabilities for optometrists.

In 2012, 49 percent of ODs reported using electronic health records (EHRs), and an additional 18 percent said they planned to add an EHR system during the year.

McRae noted the new trend of cloud-based EHR systems, which are essential to connect with registries, health care providers, and third-party payers.

"It's imperative that you embrace the technology," McRae said. "With AOAExcel™ the AOA is giving you a path to success."

Dr. Barresi echoed that emphasis.

"What we're providing is a community," he said. "The future of health IT is the cloud."

To view the complete report, visit www.reviewob.com. For more information about AOAExcel™, visit www.excelod.com.



AOAExcel Chair Joe Ellis, O.D., said optometry is on the path to a "healthier information superhighway."



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PRESIDENT'S COLUMN

Up around the bend

Editor's note: this column contains excerpts from the inaugural address given by AOA President Mitch Munson, O.D., June 29 at the AOA House of Delegates.

It is truly an honor to stand before you as the 92nd president of the American Optometric Association. And to think, just 30 short years ago, I wanted to be a veterinarian. Such is the story of our lives: unpredictable, full of change and with something new, always, up around the bend. As many of you know, I grew up in Orange County, just a few miles north of here, and music was a big part of my life. I spent hours listening to Credence Clearwater Revival, and even though I only got about every third word John Fogerty ever sang, I loved their music, and "Up Around the Bend" was one of my favorites. And as I assume the reigns of this position, I want you to know that whatever the rising winds may bring, whatever is up around the bend for this profession, your AOA will be here to greet it as it has for over a century.

This year will mark my 18th year in the AOA volunteer structure. If I have learned nothing else, it is that we, you, me and our patients, are truly fortunate to have as our advocate this incredible federation we call the American Optometric Association. Under the diligent direction of our executive director, Dr. Barry Barresi, our St. Louis and Washington offices employ over 100 dedicated staff, engage the expertise of nearly 300 volunteer doctors, are made whole by the collective efforts of 52 affiliate organizations, and are led by the most

dedicated and passionate group of individuals I have ever had the privilege to serve with.... you give more to this profession than most will ever know....

One does not arrive at this level of leadership without the love, support and sacrifice of those close to you....

Years ago, we used to view a presidential year as somehow framed in a particular theme. But honestly, with the changes in health care, this board has little time for personal agendas. To the contrary, our

stood the importance of childhood vision examination and the need to break down discriminatory practices with regards to access.

So now what? From the standpoint of a provider with 2014 just around the bend, there is still angst among our members, and rightfully so.

What will the Affordable Care Act look like for optometry? How will the essential pediatric vision benefit play out? Will the Harkin Amendment truly break the ERISA barrier? Will my office



and our aversion to it. Personally, I don't like change any more than the rest of you, but change is inevitable.

Within a month of buying your new phone, a new computer or a new car, it is obsolete. Technology is changing at an exponential rate and so too is our world. So how will you cope with change and answer all of those questions about health care? Well, that's where we come in. The AOA has never expected you, on your own, to solve all of the mysteries of practice, let alone navigate a 2,000-plus-page document that is redefining health care as we know it. In a recent presentation to the AOA Board, one of our longtime health care consultants summed up health care reform by simply saying that "there is little hope of maintaining the status quo." Well, we've known that for some time, so your AOA made a commitment and an investment that put the right team in place to help us prepare for and interpret, step by step, what was happening in Washington. And we did it so our members didn't have to. And I could not be more proud of our team in Washington lead by Mr. Jon Hymes, who you know by

Optometry has evolved faster than any health care profession, and there's no reason to believe we are going to stop.

agendas are formed by both circumstance and vision and guided by collective thought, experience and reason.

And as I reflect back at my time on the board, I realize that, with few exceptions, much of the board's energy has been devoted to the issue of health care reform. And specifically, attempting to unravel the mystery of this monumental change so that our members can better understand and prepare for what's around the bend. In March of 2010, Congress passed the Affordable Care Act, arguably one of the most controversial pieces of legislation ever considered. Were we passive during the debate? Far from it. Taking sides was really not an option for us, but making positive changes for our patients and our profession certainly was. And when the dust had settled, our lawmakers under-

survive the move to an electronic health record and can I afford it? What is meaningful use and can I achieve it? What will ICD-10 look like? Am I billing correctly and will I get paid fairly? What is a quality ranking and how will it affect my reimbursement? Do I really understand the Physician Quality Reporting System? Am I participating at the appropriate level and what happens if I don't participate? Do I need to be board certified? What is an exchange? What is a health information exchange? What is an accountable care organization and can I participate? Will my profession retain its independence? Will my practice survive? All good questions, and if you haven't asked yourself at least one of these, then you're not paying attention.

In my candidate speech last year, I spoke of change,

See President, page 16

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Medicare expands OCT coverage

The Centers for Medicare & Medicaid Services (CMS) is expanding coverage of ocular photodynamic therapy (OPT) (CPT 67221/67225) with verteporfin (HCPCS J3396) for "wet" age-related macular degeneration (AMD).

The CMS is revising the requirements for testing to permit either optical coherence tomography (OCT) or fluorescein angiogram (FA) to assess treatment response. All other coverage criteria will continue to apply.

The new coverage policy will be actively implemented beginning July 16.

The policy officially took effect April 3, 2013, though Medicare carriers will not retroactively adjust claims unless they are brought to their attention, the CMS noted.

The CMS advised eye care practitioners to make sure their billing staffs are aware of these changes.

For additional information, visit <http://tinyurl.com/octcoverage>.

Board,

from page 1

Dr. Loomis assured AOA members they would always have his best.

Andrea Thau, O.D., of New York, was elected secretary-treasurer. She has served as a member of the Finance Committee for the past two years and was a founding member of the AOA InfantSEE® Committee. She is a past chair of the Credentials Committee and served on the AOA Pediatrics and Binocular Vision Committee, the first Faculty Relations Committee and the Bylaws Project team.

Dr. Thau promised she would always work hard for the association.

Robert Layman, O.D., was elected to the AOA Board of Trustees. He currently serves on the AOA Membership Development Committee. For 10 years, he served as moderator for President's Council from 2001-2011. Dr. Layman was honored with the AOA Optometrist of the Year award in 2006.

"Let's make optometry great together," said Dr. Layman.

Greg A. Caldwell, O.D., was elected to the AOA Board

of Trustees. Dr. Caldwell is a member of the AOA Third Party Center's Executive Committee. He served on the AOA's Accountable Care Organization and Patient Centered Medical Home Committee, Patient Access for Optometry Committee and Payers and Purchasers Committee.

Dr. Caldwell said he won't let the association down.

Ronald L. Hopping, O.D., MPH, assumed the AOA office of immediate past president. Dr. Hopping, of Houston, Texas, was first elected to the board in 2005 and served as president for the 2012-2013 program year. Dr. Hopping's father, Richard Hopping, O.D., served as president of the AOA from 1971-1972.

Dr. Hopping noted the landmark accomplishments of this year.

"Together we have fundamentally changed how optometric care is viewed in this country," he said.

The other trustees of the AOA are Barb Horn, O.D., Christopher Quinn, O.D., Sam Pierce, O.D., and Bill Reynolds, O.D.

Pioneer Navy optometrist, Deputy Surgeon General retires after 33 years

A pioneer among the nation's doctors of optometry, Rear Adm. Michael H. Mittelman, O.D., the Navy's deputy surgeon general and deputy chief, Bureau of Medicine and Surgery, retired after a military career that spans more than 33 years of service.

A graduate of the Pennsylvania College of Optometry, Dr. Mittelman began his Navy career as a staff optometrist in 1980 at Naval Hospital Cherry Point, N.C. In June 1989, he became the first Navy optometrist to earn designation as an aerospace optometrist. Dr. Mittelman took command of Naval Hospital Okinawa, Japan, in July 2000, becoming the first optometrist to command a naval hospital.

The rear admiral's decorations include the Legion of Merit, Navy Commendation Medal, Navy Achievement Medal, and other awards that total some 20 or more deco-



Then-AOA President Dori Carlson, O.D., presents Rear Adm. Michael Mittelman, O.D., with the AOA Distinguished Service Award at Optometry's Meeting® in 2012.

fession, it really is an amazing accomplishment," said AOA Immediate Past President Ron Hopping, O.D., MPH. "We salute Dr. Mittelman for his many years of dedicated service to his patients and our country and we thank him for blazing a trail for his profession and highlighting the leading role

Deputy Surgeon General, Dr. Mittelman helped lead a global health care network of 63,000 Navy medical personnel around the world who provide high-quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Naval and Marine personnel worldwide,

"When you look at the scope of his career, both in terms of his meteoric rise through the Navy ranks and the realization of so many firsts for the optometric profession, it really is an amazing accomplishment."

rations.

Dr. Mittelman has also been recognized repeatedly by his colleagues, honored with the Distinguished Service Award in 2012, twice receiving the AOA Health Care Leadership Award and serving as an AOA Congressional Advocacy Conference keynote speaker in 2007.

"When you look at the scope of his career, both in terms of his meteoric rise through the Navy ranks and the realization of so many firsts for the optometric pro-

that optometrists can and should play in the health care team."

A native of Long Beach, N.Y., Dr. Mittelman is the first and only clinician to serve as the 15th director of the Medical Service Corps. He was the only non-medical doctor to serve as a combatant command surgeon for U.S. Pacific Command and the first at U.S. Joint Forces Command. Dr. Mittelman has held the position as deputy surgeon general and deputy chief since November 2011.

As the U.S. Navy

providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

Dr. Mittelman will now assume the position of president of Salus University.

"We are thrilled to have Dr. Mittelman return to Salus University as its next president," said outgoing Salus President Tom Lewis, O.D., Ph.D. "His many years of experience at the highest levels of Navy medicine has prepared him well for the challenges of education in the health professions."

AOA HOD approves staff membership program, new grad dues schedule, current CE support

A new AOA Paraoptometric Membership classification for the office staff of AOA-member optometrists was officially created by AOA House of Delegates with a series of actions during Optometry's Meeting®.

AOA paraoptometric members will have access to all current Paraoptometric Section (PS) member benefits through a new Paraoptometric Resource Center. However, no membership dues will be

required of either the paraoptometric staff or the optometrist. With this change, the doors to education and

Paraoptometric Membership will be accepted beginning Jan. 1, 2014. (For additional information, see the May

ates will pay no association dues during the year in which they receive their degree from an optometry school or com-

approved by the AOA House this year, delegates formally reaffirmed and expanded on previous House action supporting continuing education, as currently required in all U.S. jurisdictions, for license renewal. The resolution formally opposes additional mandatory requirements such as Maintenance of Licensure, Continuing Professional Development, Board Certification and/or Maintenance of Certification, Self-Assessment Modules, or similar "maintenance of competency evaluation tools" that have "not been proven to substantially enhance patient care."

For additional information, visit www.aoa.org.

With this change, the doors to education and training can be opened to approximately 75,000 paraoptometrics/optometric staff across the country.

training can be opened to approximately 75,000 paraoptometrics/optometric staff across the country.

Applications for AOA

2013 AOA News.)

The AOA House of Delegates also approved a bylaws change under which new optometry school gradu-

plete an approved residency. Dues will then be assessed beginning the following year based on the association's graduate dues structure.

Currently, the graduated dues structure takes effect during the year after the new optometrist achieves licensure. The dues schedule change takes effect Jan. 1, 2014.

In the sole resolution

Thau elected as secretary-treasurer

Andrea Thau, O.D., was elected to the office of AOA secretary-treasurer in June.

Dr. Thau has served on the Finance Committee for the past two years and currently serves as the liaison trustee to the Research and Information Center Executive Committee and as an observer on the Advocacy Group Executive Committee, the Federal Legislative Action Keyperson Committee, the Federal Relations Committee, the Health Center Committee and the State Government Relations Committee.

She was a founding member of the AOA InfantSEE® Committee. She is a past chair of the Credentials Committee and served on the AOA Pediatrics and Binocular Vision Committee, the first Faculty Relations Committee and the Bylaws Project team. She has also served as a referee to *Optometry: Journal of the AOA*.

She is a graduate of the State University of New York (SUNY) State College of Optometry where she is on faculty as an associate clinical professor. Dr. Thau is a Fellow of the American Academy of Optometry, a Fellow of the College of Optometrists in Vision Development, a Distinguished Practitioner of the National Academies of Practice and a Diplomate of the American Board of Optometry.

Dr. Thau is the recipient of numerous awards including New York State Optometrist of the Year and SUNY Optometry Alumna of the Year, and she has been recognized twice as one of *Vision Monday's Most Influential Woman in Optical*.

She served as president of the New York State Optometric Association and was the first women president in its 106-year history.

Dr. Thau currently was the first woman

president of the New York Academy of Optometry where she served as membership chair for 15 years. She concurrently

served as president of the Optometric Society of the City of New York of which she was also the first woman president.

Dr. Thau has made numerous national media appearances as a spokesperson for the AOA, including pieces in the *New York Times*, *Wall Street Journal*, *New York Magazine*, *USA Today*, *Consumer Reports*, and the *CBS Early Show*.

Dr. Thau is a founder of and former vice president of the New York Children's Vision Coalition, a group dedicated to mandating eye examinations to children of New York upon school entry.

She is a nationally recognized lecturer, and her publications have appeared in *Optometry: Journal of the AOA* and *Optometry and Vision Science*, and *The Journal of the American Academy of Optometry*.

Dr. Thau is the owner of a five-woman group practice on Park Avenue in Manhattan. The practice is a full-scope primary care practice with special emphasis on children's vision and vision therapy. Dr. Thau is married to John Lieberman and has two sons, Evan and Richard.

A second-generation optometrist, her late father Dr. Edwin C. Thau, instilled in her a deep love of the profession. She feels a duty to pay it forward; to advance the profession as a way of thanking those who advanced the profession that she inherited and loves.



Health reform eye care provisions on track for 2014 implementation

The AOA Advocacy Group reports there has been no change in the health care law's full recognition of optometrists as providers of essential care or in how eye health care will be integrated into comprehensive health insurance coverage for children beginning in 2014.

The announcement of delayed implementation for large employers who do not provide health insurance coverage to their workers does not effect eye care providers, although this decision represents a significant change to the president's timetable and approach toward implementation.

"In fact, the AOA remains intently focused on the on-time implementation of the law's federal ban on discrimination against ODs by health plans, including ERISA plans, and the nationwide requirement that new health plans must cover an annual comprehensive eye exam through age 18," said AOA President Mitchell T. Munson, O.D.

Dr. Munson urged AOA member to check resources such as the AOA website News page (www.aoa.org/news) for updates as implementation of the federal health reform law proceeds.

"Optometrists know they can rely on the AOA as the best, most accurate and timely source for information on how OD practices will be impacted by it," Dr. Munson said.

For more information, AOA members can contact Jon Hymes, AOA Washington office director, at 800-365-2219 or jfhymes@aoa.org.

Congress continues to seek help from AOA for Medicare pay reform

Capitol Hill leaders again turned to the AOA for help as they continue to explore legislative strategies aimed at preventing massive Medicare payment cuts and replacing the program's flawed reimbursement system.

In late May, U.S. Sens. Max Baucus (D-Mont.) and Orrin Hatch (R-Utah) reached out to the AOA and other influential groups for input and suggestions on a plan that would avert a roughly 25 percent Medicare fee cut scheduled for Jan. 1, 2014, and make improvements to the

doctors who serve them are left worrying whether their care will be in jeopardy if Congress doesn't pass a temporary fix to Medicare physician payment rates. This formula is fundamentally flawed and needs to be permanently fixed," said Sen. Hatch.

"Working together and soliciting input in an open and transparent way from across the health care community, I'm confident Chairman Baucus and I can find a reasonable path forward that puts physician payments on a sustainable foot-

their patients. After all, important patient protections must continue to ensure that Medicare beneficiaries have the freedom to seek care from the doctor of their choosing," the letter said.

"In the private sector, organizations have developed patient-centered medical homes but the ability of non-MD/DO practitioners to participate in these programs is continuously limited. If new payment delivery systems are not inclusive of a range of clinician types, efforts to increase quality and reduce health care costs will not be

"Almost every year now, seniors on Medicare and the doctors who serve them are left worrying whether their care will be in jeopardy if Congress doesn't pass a temporary fix to Medicare physician payment rates."

current payment system while providing incentives for ODs and others to transition to alternative payment models over time.

The request from the leading lawmakers comes on the heels of similar outreach made by two top U.S. House committees in recent months.

With the Congressional Budget Office signaling the cost of repealing Medicare's broken pay formula would be roughly half the cost of what it was just last year, many on Capitol Hill believe the time may at last be right for Medicare payment reform.

In a strongly worded letter delivered to the AOA and other physician groups, the U.S. Senate Finance Committee's Chair Baucus and ranking-member Hatch condemned Medicare's flawed sustainable growth rate (SGR) payment formula and said that it was time to once-and-for-all end the annual ritual of Congress passing short-term and often last-minute "doc fix" legislative patches.

"Almost every year now, seniors on Medicare and the

ing for now and the future. That is the certainty that our seniors rightly deserve," Sen. Hatch added.

In response to the Finance Committee request, the AOA boosted its ongoing advocacy efforts on Medicare payment issues by providing the senators and their staffs with a detailed letter supporting the overall goal of repealing the flawed SGR formula, urging the policymakers to remember the critical preventive and primary care role that optometrists play in the Medicare program, and challenging Congress to ensure that new approaches look beyond old biases and misplaced motivations.

"AOA believes that new payment and delivery models must be given the structural flexibility to ensure that the provider base matches patient need while also protecting access to care for Medicare beneficiaries and directing resources to improve quality. Most importantly, we believe that safeguards must protect against discrimination of physicians, including optometrists, and

successful," the letter added. "Overall, too many delivery systems discriminate against optometrists based on the school they attended and the license they hold, rather than recognizing what optometrists are trained and licensed to do. This discrimination serves to reduce competition and innovation. Optometrists do not have all of the answers for fundamental delivery system reform but we should not be prohibited from providing the answers that we do have, or from contributing to solutions, merely because we are optometrists."

As the debate over the direction of Medicare payment and delivery reform continues, the AOA will continue to engage lawmakers in both chambers and on both sides of the political aisle. To learn how you can become more involved in federal advocacy, including how you can help advocate for fair-minded Medicare reform, contact the AOA Washington Office team at 800-365-2219 or *ImpactWashington@aoa.org*.

School funding bill embraces link between healthy vision, learning

As lawmakers worked last month to revise and reauthorize legislation that would fund primary and secondary education nationwide, the AOA sought and won inclusion of key provisions that provide a greater recognition for the vital link between healthy vision and learning.

Included within U.S. Sen. Tom Harkin's (D-Iowa) Strengthening America's Schools Act (S. 1094), which is legislation reauthorizing the Elementary and Secondary Education Act (ESEA), is a provision that would make "vision care" one of the key activities funded under the Promise Neighborhood partnership grants and another provision that would include "vision" within the list of school health indicators on which schools would collect data and report their findings to government agencies.

Building on the successful efforts of the 2011 AOA School Readiness Summit and other optometry-led children's vision initiatives, the AOA convinced lawmakers to take steps toward combating high-levels of eye and vision problems among America's school-age children by including two important provisions within the reauthorization of the ESEA.

Promise Neighborhoods is a program of the U.S. Department of Education that aims to improve educational outcomes for students in distressed urban and rural neighborhoods.

Under the program, competitive grants are awarded to non-profit entities to implement programs that engage community partners to improve academic achievement and student development in areas with low-income individuals and persistently low-achieving schools.

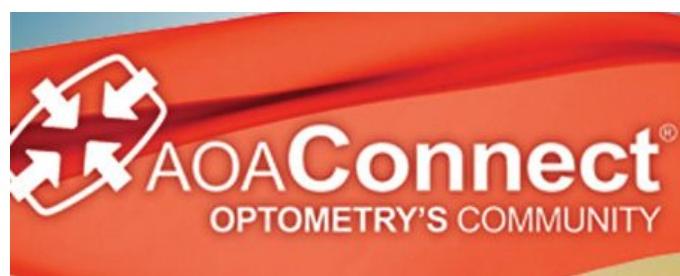
Among dental services and auditory screenings, "vision care" would be recognized as a core activity included within a funded program aimed at helping ensure that these students are better prepared to learn in school.

School health indicators are used to assess overall school health as well as the success of school health promotion activities.

The data collected by schools on various aspects of a student's health – aspects that have been shown to impact learning ability – are used widely by government agencies and others to document areas that are failing students.

While the AOA-backed provisions could make a dent in the number of children's eye and vision problems currently going undetected and untreated, the future of S. 1049 remains uncertain.

While the Strengthening America's Schools Act recently cleared the Senate's education committee, it did so along party lines and may be difficult to reconcile with a U.S. House alternative.





EYE ON WASHINGTON

Full eye health coverage of children to be a top nationwide priority in 2014

A recent state-by-state analysis of health plans to be offered under the 2010 Affordable Care Act indicates that nearly all states will feature a pediatric vision care benefit based on an annual comprehensive eye exam provided by an eye doctor and is embedded with other benefits as part of the overall health insurance plan.

The AOA has made the recognition of early and periodic comprehensive eye

Washington, D.C., pediatric eye health coverage includes an annual exam, at least through age 18, with Hawaii indicating that it will follow recommendations from the American Academy of Pediatrics, and Massachusetts signifying it will cover eye exams every two years. In Kentucky, the pediatric essential benefit extends to age 21.

The analysis also indicates that no restrictions exist that would prevent any

roughly 27 states have included an adult eye health benefit in their benchmark plans – it is unclear at this point how widespread this coverage may be as the state-based marketplaces come online.

In 48 states and the District of Columbia, pediatric eye health coverage includes materials.

In Massachusetts and Colorado, the plans reportedly do not cover materials. In Kansas, though, the benefit includes up to three sets of lenses and frames per year.

The analysis also indicates that vision therapy services can be covered. In the state of Washington, the rehabilitative portion of the essential health benefits package includes coverage for vision therapy.

In Kentucky, coverage for vision therapy is included within the pediatric vision care essential benefit.

The pediatric vision care essential benefit analysis was prepared by the AOA Washington office team in consultation with state associations.

For more information on the coordinated efforts of the AOA and state associations to shape the patient

exams for America's children a top priority.

Throughout the multi-year legislative and regulatory battle over health care reform, the AOA successfully fought for inclusion of the new benefit within the law and to ensure that it is integrated within the health plan and based on an annual comprehensive eye exam with coverage for materials.

Now, in all 50 states and Washington, D.C., pediatric eye health coverage has been specifically recognized as essential and is to be based on an embedded comprehensive eye exam benefit, through age 18, offered by all health plans in the state-based health insurance marketplaces as well as certain new health plans to be sold outside of the state marketplaces.

In 48 states and

of the roughly 8 million currently uninsured kids who will gain eye health coverage from directly accessing an optometrist for their eye health care.

Though adult eye exams may be covered in health plans offered through state marketplaces at no additional cost to consumers – and

access and eye health provisions of the new health law, contact Jon Hymes, AOA

Washington office director, at 800-365-2219 or jfhymes@aoa.org.

Now, in all 50 states and Washington, D.C., pediatric eye health coverage has been specifically recognized as essential and is to be based on an embedded comprehensive eye exam benefit.

Join the fight

To learn how you can help support the ongoing work of optometry's grassroots army of concerned doctors and students, contact the AOA Washington office at 800-365-2219 or ImpactWashingtonDC@aoa.org.

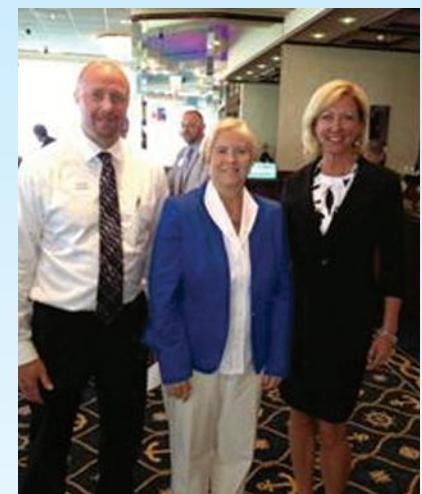
Doctors and students may reach out to their U.S. senators and representatives by logging in to the AOA's Online Legislative Action Center at www.aoa.org/x4821.xml and take action.

Keypersons are key



AOA Federal Keyperson Michelle Cooper, O.D., of the South Carolina Optometric Physicians Association recently sat down with Rep. Trey Gowdy (R-S.C.) and discussed optometry's priority issues. Among his other committee assignments, Rep. Gowdy sits on the U.S. House Education and Workforce Committee, which has jurisdiction over certain health care matters.

AOA Trustee Barb Horn, O.D., and her husband, Mike Weisgerber, O.D., discussed optometry's priority issues with Rep. Candice Miller (R-Mich.) at a fundraising event for the congresswoman in Michigan. As the U.S. House considers important health care legislation, including repeal and replacement of Medicare's flawed payment formula as well as building support for optometry-specific legislation (H.R. 855 and H.R. 920), the efforts of Drs. Horn and Weisgerber and hundreds of other AOA Federal Keypersons across the country is even more critical. To become more involved in federal advocacy, contact the AOA Washington office team at 800-365-2219 or ImpactWashingtonDC@aoa.org.



Affiliates award ODs making a difference

Gilbert Wong, O.D. Arizona Optometric Association InfantSEE® Provider

A 1984

graduate of the Southern



California College of Optometry, Dr. Wong has been a tireless advocate for optometry ever since. He is currently the AzOA immediate past president and is a director of the Arizona Optometric Charitable Foundation. His past accomplishments include: VISION USA, InfantSEE®, Special Olympics, Precinct Committeeman, and school screenings. He has been instrumental in securing more than \$20,000 in grants for vision services in Arizona.

Weilun Hsu, O.D., Armed Forces Optometric Society InfantSEE® Provider

Dr. Hsu is a 2001 graduate of the New England College of Optometry. He serves as the Air Force Facility Committee chair for the Armed Forces Optometric Association. Dr. Hsu was the invited speaker at the AFOS paraoptometric section in both 2010 and 2011 in addition to being a prominent presenter at their Air Force breakout sessions. He is an InfantSEE® provider and was awarded the Military Outstanding Volunteer Service Medal for charitable causes. In 2011, Dr. Hsu won the Air Force Medical



Operations Agency Field Grade Officer Biomedical Sciences Corps Clinician of the Year. He is currently stationed at Lackland Kelly Air Force Base in Texas.

Samuel Pierce, O.D. Alabama Optometric Association InfantSEE® Provider

Dr.

Pierce is a 1988 graduate of the University of Alabama at Birmingham. He has served many positions within the Alabama Optometric Association, including the Education Committee, ALOPAC Board, and the association's Disaster Preparedness Task Force. In 2002, he was elected president of the ALOA. He has been equally involved with the AOA serving on committees such as the Professional Relations Committee, Nominating Committee, and the Student & New Graduate Committee. In 2009, Dr.

Pierce was elected to the AOA Board of Trustees where he continues to serve. Dr. Pierce has been in private practice in Trussville for more than 20 years where he participates in InfantSEE® and VISION USA.

Audie Teague, O.D. Arkansas Optometric Association

Dr.

Teague is a 1983 graduate of the Southern College of Optometry. He has



had many leadership roles in the Arkansas Optometric Association, including serving on the Board of Directors, as president, chair of the Continuing Education Committee, chair of the National Legislative Committee, and on the State Legislative Committee. Dr. Teague has volunteered for the AOA by serving on the AOA-PAC Board of Directors and as the AOA-PAC Arkansas representative. In 2012, Dr. Teague was named ArOA Optometrist of Year. He currently practices in Prescott and Camden.

Scott Daly, O.D. California Optometric Association InfantSEE® Provider

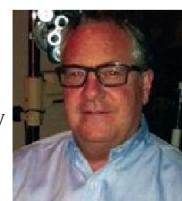
Dr. Daly

is a 1983 graduate of the University of California at Berkeley. Dr. Daly has served on a variety of committees within the California Optometric Association, including the COA Legislative Committee, Children's Vision Task Force, and Financial Committee. Dr. Daly was president of the COA from 2001-2002. He participates in the InfantSEE® program and is a supporter of children's vision programs.

Jacquie Bowen, O.D. Colorado Optometric Association

Dr.

Bowen is a 1992 graduate of the Southern California College of Optometry. She is a former trustee, secretary-treasurer, and a past president of the Colorado Optometric Association. She served as the chair of the COA's Leadership Optometry Program and has been a member of their New Member Orientation Committee. On the national level, she has been a member of the AOA's Professional Relations committee since 2006 and has been the chair



of the

Californian

Optometric

Association

Emilio Balius, O.D.
Florida Optometric Association

Dr. Balius is a 1991 graduate of the

University of Houston

College of Optometry. Dr. Balius has been a key member of the Florida Optometric Association's Education Committee. He also served on the FOA's Board of Trustees for eight years, including a term as president from 2009-2010. Dr. Balius was the 2012 recipient of the FOA's Optometrist of the Year award.



AOA Immediate Past President Ron Hopping, O.D., MPH, presents the Distinguished Service Award to Tom Lewis, O.D., Ph.D.

of that committee since 2009. Dr. Bowen is currently serving as a member of the AOA's Volunteer Engagement Committee and is a participant in the InfantSEE® program.

Stephen Polezonis, O.D. Connecticut Association of Optometrists

Dr. Polezonis is a 1987 graduate of the New England College of Optometry. In addition to being an active member of the AOA, Dr. Polezonis serves on the Connecticut Association of Optometrists' Academic Committee and is a current board member. Dr. Polezonis currently practices with Dr. Pavano & Associates in New Britain and Bristol, Conn.



John Whitlow, O.D. Georgia Optometric Association

Dr.

Whitlow is a 1991 graduate of the University of Alabama-Birmingham School of Optometry. Dr. Whitlow is a past president of the Georgia Optometric Association and currently serves on its Legislative Committee. In 2011, Dr. Whitlow received the GOA's Georgianne Bearden Excellence in Leadership Award.



Dennis Rabe, O.D. Illinois Optometric Association

Dr. Rabe

is a 1987 graduate of the Illinois College of Optometry. Dr. Rabe served on the Illinois Optometric Association's Board of Trustees. He went on to become IOA president in 2004-2005. Dr. Rabe is a VISION USA provider practicing in Lincoln, Ill.



Roger Haywood, O.D. Indiana Optometric Association

Dr.

Haywood is a 1971 graduate of the Indiana University School of Optometry. Dr. Haywood has served as a trustee for the



Dr. Hopping presents the AOA Optometrist of the Year Award to Neil Draisin, O.D.

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Indiana Optometric Association. He is currently practicing in Evansville, Ind.

Jeannette Holland, O.D. Kansas Optometric Association



Dr. Holland is a 1995 graduate of the Northeastern State University College of Optometry. In addition to having served on the AOA's Presidents' Council Committee, Dr. Holland has served on the Kansas Optometric Association's Board of Directors and was president in 2008. She has also served as a board member and chair of the Kansas Optometric Foundation and the See To Learn Foundation.

Sen. David Heitmeier, O.D. Optometry Association of Louisiana



Sen. David Heitmeier is a 1987 graduate of the University of Houston College of Optometry. Dr. Heitmeier has served as a Legislative Keyperson for the Optometry Association of Louisiana since 1987. He was the recipient of the OAL's Statesman of the Year Award in 2012 and its Optometrist of the Year Award in 2009. Dr. Heitmeier was the first optometrist ever elected to the Louisiana Senate. He is currently in private practice in Algiers, La.

Lamont Bunyon, O.D. Maryland Optometric Association



Dr. Bunyon is a 1999 graduate of the New England College of Optometry. Dr. Bunyon serves as a board member of the Maryland Optometric Association. He currently works in his private practice, Special Eye Care, in Temple Hills, Md., and as a staff optometrist at the Capitol Hill

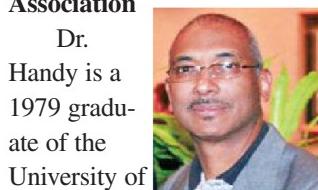
Medical Center, Kaiser Permanente in Washington, D.C.

Teresa Seim, O.D. Michigan Optometric Association

Dr. Seim is a 1997 graduate of the Michigan College of Optometry. Dr. Seim has served on the Michigan Optometric Association's Board of Trustees. She served as MOA president in 2006. Dr. Seim was recognized as the MOA Keyperson of the Year in 2004, the MOA Young Optometrist of the Year in 2007 and the MOA Optometrist of the Year in 2012. She currently practices in Mattawan, Mich.

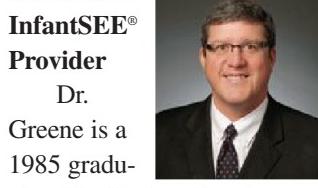


Dewey Handy, O.D. Mississippi Optometric Association



Dr. Handy is a 1979 graduate of the University of Alabama-Birmingham School of Optometry. Dr. Handy has served on the MOA board of directors and chaired the MOA's Low Vision Committee from 1996 to 2001. He was named the MOA's OD of the Year in 2012. Dr. Handy currently practices in Jackson, Miss.

Thomas Greene, O.D. Missouri Optometric Association



Dr. Greene is a 1985 graduate of the University of Missouri-St. Louis College of Optometry. He served on the AOA Nominating Committee in 2008. At the state level, he served on the Missouri Optometric Association's Board of Directors and served as president in 2006. He is the current president of the Missouri Optometric Foundation and chair of the Governmental Affairs

Committee. Dr. Green is an active InfantSEE® program participant in Jefferson County, Mo., where he practices.

Jeff Klein, O.D. Nebraska Optometric Association



InfantSEE® Provider
Dr. Klein is a 1999 graduate of the University of Houston College of Optometry. Dr. Klein served two terms on the Nebraska Optometric Association Board. Dr. Klein was named the NOA Young OD of the Year in 2007. He is an InfantSEE® provider, a See to Learn promoter and a PAC contributor. He currently practices with Feidler Eye Clinic in Norfolk, Neb.

Lynn Davis, O.D. New Mexico Optometric Association



InfantSEE® Provider
Dr. Davis is a 1991 graduate of the University of California-Berkeley School of Optometry. At the national level, Dr. Davis has served on the AOA's Research and Information Center Committee, Nominating Committee, and Credentialing Committee. She has also served on the New Mexico Optometric Association's Board of Trustees as secretary, treasurer, vice president, president and president-elect. Dr. Davis has been an InfantSEE® provider since the program's inception and sees infants in her practice in Rio Rancho, N.M.

Frank Pirozzolo, O.D. New York State Optometric Association



Dr. Pirozzolo is a 1978 graduate of the Pennsylvania College of Optometry. Dr. Pirozzolo served as president of the

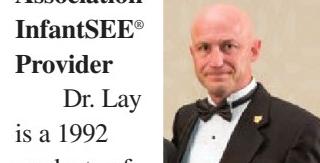
New York State Optometric Association from 1995-1997. He was the recipient of the NYSOA's Leadership Award and Communications Award. Dr. Pirozzolo has been in private practice in Staten Island, N.Y., since 1978.

Rebecca Wartman, O.D. North Carolina State Optometric Society



Dr. Wartman is a 1987 graduate of the University of Missouri-St. Louis School of Optometry. Dr. Wartman served as president of the North Carolina State Optometric Society in 2002. At the NCSOS June 2012 Annual Spring Congress, Dr. Wartman was presented with their Optometrist of the Year Award. She is an AOA volunteer and currently practices in Asheville, N.C.

William Lay, O.D. Ohio Optometric Association



InfantSEE® Provider
Dr. Lay is a 1992 graduate of The Ohio State University College of Optometry. Dr. Lay served on the Ohio Optometric Association's Executive Board from 1998-2006. He is a current member of the OOA's Finance Committee and chair of Ohio InfantSEE®. Dr. Lay was the OOA Young Optometrist of the Year in 2001 and the AOA Young Optometrist of the Year in 2002. He received the OOA President's Award in 2005 and, most recently, was nominated as its Optometrist of the Year in 2012. Dr. Lay currently practices in Westerville and Johnstown, Ohio.

Denise Roddy, O.D. Oklahoma Association of Optometric Physicians



Dr. Roddy is a 1988 graduate of the

Northeastern State University College of Optometry. Dr. Roddy has served on the Oklahoma Association of Optometric Physicians Board since 2007. She was named OAOP's Optometrist of the Year in 2012. Dr. Roddy has been in private practice in Tulsa, Okla., since 1989.

Scott Nehring, O.D. Oregon Optometric Physicians Association



Dr. Nehring is a 1983 graduate of Pacific University College of Optometry. Dr. Nehring served on the Oregon Optometric Physicians Association Board for many years. He was OOPA president in 1998 and is currently president of the Great Western Council of Optometry. Dr. Nehring received the OOPA's President's Award in both 2000 and 2006; and he was the OOPA Optometrist of the Year in 1993, and again in 2011. He currently practices in Woodburn, Ore.

Scott Goldberg, O.D. Pennsylvania Optometric Association



InfantSEE® Provider
Dr. Goldberg is a 1976 graduate of the Pennsylvania College of Optometry. Dr. Goldberg served four years on the POA's Eye Care Benefits Committee and has been on the Communications Committee since 2011. Dr. Goldberg is a retired lieutenant colonel in the Air National Guard. He spent four years in active duty in the United States Air Force, where he served as chief of Optometric Services at Castle Air Force Base in Merced, Calif. Dr. Goldberg has received the AOA's Optometric Recognition Award continuously since 1996.

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Matthew Hughes, O.D. Tennessee Association of Optometric Physicians

Dr. Hughes is a 1991 graduate of the Illinois College of Optometry. Dr. Hughes has been an advocate in raising funds for the Tennessee Optometric Political Action Committee (TOPAC). He has been a trustee on the TAOP Board for almost two decades. In 2012, Dr. Hughes received the TAOP's OD of the Year award.



Steve Nguyen, O.D. Texas Optometric Association

Dr. Nguyen is a 1997 graduate of the University of Houston College of Optometry. In addition to serving on the AOA-PAC Board of Directors, Dr. Nguyen served on the Texas Optometric Association Board of Directors for six years. Along with his wife, he was the recipient of the TOA's Optometrist of the Year Award for 2013. Dr. Nguyen currently practices with his wife in Fort Worth, Texas.



Lien Lam, O.D. Texas Optometric Association

Dr. Lam is a 2001 graduate of the University of Houston College of Optometry. Along with her husband, Steve Nguyen, O.D., she was the recipient of the TOA's Optometrist of the Year Award for 2013. Dr. Lam currently practices with her husband in Fort Worth, Texas.



Dr. Jones is a 1997 graduate of Pacific University College of Optometry. Dr. Jones served as president of the Wyoming Optometric Association's board. He currently practices in Torrington.

Kurt Finney, O.D. Virginia Optometric Association

Dr. Finney is a 2002 graduate of the Pennsylvania College of Optometry. He received the VOA's Optometrist of the Year Award in 2012. Dr. Finney currently practices in Fredericksburg, Va.



Mira Swiecicki, O.D. Optometric Physicians of Washington InfantSEE® Provider

Dr. Swiecicki is a 1996 graduate of the Pennsylvania College of Optometry. Dr. Swiecicki is currently serving on the Optometric Physicians of Washington Children's Task Force. She has served on the OPW's Board of Trustees and was president in 2006. In 2010, Dr. Swiecicki received the OPW's Distinguished Service Award. Dr. Swiecicki currently practices in Lynden.



David May, O.D. Wisconsin Optometric Association InfantSEE® Provider

Dr. May is a 1996 graduate of the Illinois College of Optometry. Dr. May has sat on the Wisconsin Optometric Association's Board of Directors since 2003. He was named the WOA's Young Optometrist of the Year in 2004 and its Optometrist of the Year in 2012. Dr. May currently practices in Waunakee.



Grant Jones, O.D. Wyoming Optometric Association

Dr. Jones is a 1997 graduate of Pacific University College of Optometry. Dr. Jones served as president of the Wyoming Optometric Association's board. He currently practices in Torrington.

Affiliates give nods to young ODs

Richard Baird, O.D. Armed Forces Optometric Society

Dr. Baird is a 2007 graduate of Pacific University College of Optometry. Dr. Baird currently serves as a council member for the Sports Vision Section of the AOA. In 2012, he was selected as the AFOS Jr. Optometrist of the Year. Dr. Baird currently practices at Hill Air Force Base, Utah.



Kim Ocampo, O.D. Alabama Optometric Association

Dr. Ocampo is a 2006 graduate of the University of Alabama at Birmingham. Dr. Ocampo was elected to the Alabama Optometric Association Board of Directors and served as secretary-treasurer in 2012. She currently chairs the ALOA Federal Relations Committee. Dr. Ocampo is currently opening a new office in Decatur, Ala., where she has been practicing since 2006.



Matthew Jones, O.D. Arkansas Optometric Association InfantSEE® Provider

Dr. Jones is a 2009 graduate of the Southern College of Optometry. Dr. Jones serves on the Arkansas Optometric Association's state legal legislative, national legal legislative, convention, career guidance, and AOA-PAC committees. He also joined the ArOA Board of Directors in 2011. Dr. Jones received the ArOA Young Optometrist of Year Award in 2012. He practices with Dean Gurley, O.D., in Blytheville, Ark.



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AOA Immediate Past President Ron Hopping, O.D., MPH, honors Sandra Fortenberry, O.D., with the Young OD of the Year Award.

Chad Allen Carlsson, O.D. Arizona Optometric Association

InfantSEE® Provider

Dr. Carlsson is currently the AOA-PAC coordinator in Arizona. A 2003 graduate of the Illinois College of Optometry, Dr. Carlsson's practice specializes in pediatric and binocular vision disorders and he has been very involved in community health fairs, school vision, Special Olympics, InfantSEE, VISION USA and is a past president of the Gilbert Kiwanis.



Carrie Turley, O.D. California Optometric Association

InfantSEE® Provider

Dr. Turley is a 2008 graduate of the University of Alabama at Birmingham. She is an active member of both the AOA and the California Optometric Association. Dr. Turley currently practices in San Diego, Calif.



Jon Pederson, O.D. Colorado Optometric Association

InfantSEE® Provider

Dr. Pederson is a 2003 graduate of the Pacific University College of Optometry. Dr. Pederson is an active member of the COA Board and Third Party Committee. In 2010, He was awarded the COA Keyperson of the Year Award. He currently owns a private practice in Centennial, Colo.



Adam Stelzer, O.D. Florida Optometric Association

Dr. Stelzer is a 2007 graduate of Nova Southeastern College of Optometry. Dr. Stelzer serves as chair of the Florida Optometric Association's Membership Development Committee. Dr. Stelzer was the winner of the Young Optometrist of the Year award for 2012. He currently practices at the Laser Center of Coral Gables in Florida.



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Benjamin Casella, O.D. Georgia Optometric Association

Dr. Casella is a 2007 graduate of the University of Alabama at Birmingham. Dr. Casella has served as chair of the Georgia Optometric Association's Legislative Keypersons and Elections committees. He is also currently serving on the GOA Board of Trustees. Dr. Casella practices in Augusta, Ga.



Nicholas Garn, O.D. Indiana Optometric Association

Dr. Garn is a 2006 graduate of the Indiana University School of Optometry. He is an active member of both the AOA and the Indiana Optometric Association. Dr. Garn is currently practicing in Zionsville, Ind.



P. Joe Jittawait, O.D. Kansas Optometric Association

Dr. Jittawait is a 2000 graduate of the Northeastern State University. Dr. Jittawait has served on the Kansas Optometric Association's Ethical Practice Committee and Interprofessional Relations Committee. He currently practices in Wichita, Kan.



Keith Menard, O.D. Optometry Association of Louisiana InfantSEE® Provider

Dr. Menard is a 2003 graduate of the Southern College of Optometry. Dr. Menard has served on the Optometry Association of Louisiana's Third Party Committee and currently serves as a member



of its board. He is the current recipient of the OAL's Young Optometrist of the Year Award. Dr. Menard has a private practice in Lake Charles, La.

Kevin Johnson, O.D. Maryland Optometric Association

Dr. Johnson is a 2005 graduate of the Indiana University School of Optometry. Dr. Johnson has served on the Maryland Optometric Association Board for the past two years. Dr. Johnson was presented with the MOA's Young Optometrist of the Year Award in December 2012. He currently practices in Severna Park, Md.



Beth Harper, O.D. Massachusetts Society of Optometrists

Dr. Harper is a 2007 graduate of the State University of New York College of Optometry. In addition to serving on the AOA's Student and New Graduate Committee, Dr. Harper serves on the Massachusetts Society



of Optometrists' Legislative Committee and as chair of its Membership Committee. In 2012, Dr. Harper received the MSO's Young Optometrist of the Year award.

Allison Lord, O.D. Mississippi Optometric Association

InfantSEE® Provider
Dr. Lord is a 2006 graduate of the University of Alabama at Birmingham. She has been a member of the Mississippi Optometric Association Board of Directors since 2008. Dr. Lord was named the 2012 Helen St. Clair Young OD of the Year by the Mississippi Optometric Association. She co-owns three clinics in the Mississippi Delta: Greenville Eye Clinic, Rolling Fork Eye Clinic and Indianola Eye Clinic.



Scott Burks, O.D. Missouri Optometric Association

InfantSEE® Provider
Dr. Burks is a 2002 graduate of the University of Missouri-St. Louis. Dr. Burks currently



AOA Immediate Past President Ron Hopping, O.D., MPH, recognizes Michael Earley, O.D., Ph.D., with the AOA Educator of the Year Award.

serves as the treasurer of the Missouri Optometric Association. Dr. Burks currently practices in Buffalo, Missouri.

Brian Brightman, O.D. Nebraska Optometric Association

InfantSEE® Provider
Dr. Brightman is a 2002 graduate of the Illinois College of Optometry. Dr. Brightman assumed the role of the Nebraska Optometric Association Political Action Committee (PAC) chair in 2011. Dr. Brightman currently practices with EyeCare Specialties in Lincoln, Neb.



James Mayes, O.D. New Mexico Optometric Association

InfantSEE® Provider
Dr. Mayes is a 2009 graduate of the Pacific University College of Optometry. He was the recipient of the NMOA's Young Optometrist of the Year Award for 2012-2013. Dr. Mayes currently practices in his family practice in Hobbs, N.M.



Raymond Pirozzolo, O.D. New York State Optometric Association

InfantSEE® Provider
Dr. Pirozzolo is a 2009 graduate of the State University of New York College of Optometry. In addition to serving on the AOA's Student and New Graduate Committee, Dr. Pirozzolo also serves as chair of the New York State Optometric Association's Young OD Committee. In 2012 he was elected as a trustee of the NYSOA.



Jaime Casper, O.D. North Carolina State Optometric Society

Dr. Casper is a 2004 graduate of The Ohio State University College of Optometry. At the NCSOS June 2012 Annual Spring Congress, Dr. Casper was presented with their Young Optometrist of the Year Award.



Tracey Needham, O.D. Ohio Optometric Association

InfantSEE® Provider
Dr. Needham is a 2002 graduate of The Ohio State University College of Optometry. Dr. Needham serves on the Ohio Optometric Association's Scholarship Award Committee and Children's In-School Eye Exam Committee. She is also serving as vice president of the Ohio Optometric Foundation. In 2012, she received the OOA's Young Optometrist of the Year Award. Dr. Needham currently practices in Toledo, Ohio.



Selina McGee, O.D. Oklahoma Association of Optometric Physicians

Dr. McGee is a 2002 graduate of Northeastern State University College of Optometry. Dr. McGee currently serves on the Oklahoma Association of Optometric Physicians Legislative Committee and as co-chair of its Governance Committee. She was named the OAOP's Young Optometrist of the Year for 2012.



See Young ODs, next page

Young ODs, from previous page

Jonathan Berry, O.D. Oregon Optometric Physicians Association

Dr. Berry is a 2005 graduate of the Pacific University College of Optometry. Dr. Berry has served on the Oregon Optometric Physicians Association Legislative Committee. Dr. Berry currently practices in Albany, Ore.



Lori Gray, O.D. Pennsylvania Optometric Association

InfantSEE® Provider

Dr. Gray is a 2004 graduate of the Pennsylvania College of Optometry. Dr. Gray serves



on the Pennsylvania Optometric Association Board of Directors, oversees the POA's Clinical Care Division, and is a member of their Legislative Affairs Committee. She currently practices in Gilbertsville, Pa.

Jennifer Smith Zolman, O.D. South Carolina Optometric Physicians Association InfantSEE® Provider

Dr. Smith Zolman is a 2006 graduate of Nova Southeastern University College of Optometry. Dr. Smith Zolman currently serves on the South Carolina Optometric Physicians Association Board of Directors. She received the SCOPA Young Optometrist of the Year award in 2012. In



2013 AOA Apollo Award winner Sen. Tom Harkin recorded a video message showing his appreciation for the profession's work.

2009, Dr. Zolman became co-owner of The Draisin Vision Group located in Charleston, S.C.

Lauren Goldsmith, O.D. Tennessee Association of Optometric Physicians

InfantSEE® Provider

Dr. Goldsmith is a 2010 graduate of the Southern College of Optometry. Dr. Goldsmith serves as chair of the Tennessee Association of Optometric Physicians InfantSEE® Committee. She



received the TAOP's Young OD of the Year award for 2012. Dr. Goldsmith practices in Goodlettsville, Tenn.

Walter Whitley, O.D. Virginia Optometric Association

Dr. Walter Whitley is a 2002 graduate of the Pacific University College of Optometry. Dr. Whitley currently serves on the Virginia Optometric Association's Board of Trustees and its Membership



Committee. He received the VOA's Young OD of the Year for 2012.

Kristi Kading, O.D. Optometric Physicians of Washington InfantSEE® Provider

Dr. Kading is a 2004 graduate of the Pacific University College of Optometry. Dr. Kading serves as chair of the Optometric Physicians of Washington Children's Vision Task Force. She currently practices in Kirkland, Wash.



Brandon Begotka, O.D. Wisconsin Optometric Association

Dr. Begotka is a 2009 graduate of the Illinois College of Optometry. Dr. Begotka is an active member of both the AOA and the Wisconsin Optometric Association. He currently practices in Brookfield, Wisc.



AOA Immediate Past President Ron Hopping, O.D., MPH, presents Amy Godeaux, CPOT, with the Paraoptometric of the Year Award.



Send letters to:

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**AOA News reserves the right
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for publication.**

Merger offers central data bank for adverse action reports

The U.S. Department of Health & Human Services (HHS) is combining its National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) into "The Data Bank" to provide a centralized online storehouse of information on adverse actions against health care practitioners, providers and suppliers. Under the merger, all information previously collected and disclosed through the HIPDB will now be collected and disclosed through the NPDB. That means organizations, such as optometry boards, that have previously been required to report adverse actions to both the NPDB and HIPDB will now only need to submit one report per action. The new, combined data bank can be accessed at www.npdb.hrsa.gov. The NPDB collected reports of:

- ❖ Adverse licensure actions against physicians (including optometrists) and dentists – including license revocations, suspensions, reprimands, censures, probations, and surrenders;
- ❖ Adverse clinical privileges actions;
- ❖ Adverse professional society membership actions;
- ❖ U.S. Drug Enforcement Administration (DEA) certification actions;
- ❖ Medicare and Medicaid exclusions; and
- ❖ Medical malpractice payments made for the benefit of any health care practitioner.

The HIPDB provided a national health care fraud and abuse data collection bank for certain final adverse actions taken against health care practitioners, providers, and suppliers. The merger of the two data banks was authorized under the federal Affordable Care Act to eliminate duplication. Although the two sites were officially merged May 6, 2013, some data is still being transferred from HIPDB. Once the transfer is complete, the HIPDB will no longer use its website. All security standards currently in place to protect the confidentiality of information in the data banks will be retained, and no new information will be collected based on the merger. Optometrists and other health care practitioners can continue to self-query the database.

For additional information, visit <http://tinyurl.com/DataBankinfo>.

Be part of the decision

AOA committee seeks ODs for federal commissions

The AOA Federal Relations Committee (FRC) is seeking optometrists who are properly qualified and willing to serve on federal boards, advisory panels, and commissions.

"The federal government regularly calls on health care professionals to serve on committees, boards, panels,

Medicare & Medicaid Services, to special advisory boards convened by lawmakers or agency officials to study specific health care issues such as cost or quality."

The federal Affordable Care Act of 2010 authorized creation of a number of new panels, boards, and councils – many of which may have a direct impact on the practice

years, the AOA has pulled from this pool of optometrists to submit nominations for various working groups," Dr. Jordan said. "With greater optometric involvement, our voice can be heard to help the profession, the health care system and ultimately our patients."

Requirements for service on the government's many health care-related boards and commissions vary. However, requirements typically include a minimum time commitment, willingness to travel for meetings, and a high level of expertise in a specific field.

"The area of expertise can be general – for example, contact lenses, economics, epidemiology, health care improvement, or workforce issues – or specific – for example, implementation of evidence-based recommendations in clinical practice at the patient, practice and health system levels or biostatistics related to ophthalmic clinical

"With greater optometric involvement, our voice can be heard to help the profession, the health care system and ultimately our patients."

and councils that oversee or advise on various aspects of health care," said AOA FRC Chair Roger Jordan, O.D. "They range from standing committees maintained by U.S. Department of Health & Human Services agencies, such as the Food & Drug Administration or Centers for

of optometry.

The AOA FRC maintains a roster of optometrists appropriately qualified and have a desire to serve on government boards to ensure the AOA can nominate optometrists to serve on such panels when openings occur.

"Over the past several

Selected federal health panels

Options for possible optometrist service include:

- ❖ The Food and Drug Administration Ophthalmic Devices Panel
- ❖ The U. S. Preventive Services Taskforce
- ❖ The Agency for Healthcare and Research Quality (AHRQ) National Advisory Council for Healthcare Research and Quality
- ❖ Other AHRQ workgroups focusing on topics such as prevention quality indicators (PQIs)
- ❖ Various positions on the Office of the National Coordinator Health Information Technology's federal advisory committees
- ❖ The Centers for Medicare & Medicaid Services Medicare Evidence Development & Coverage Advisory Committee (MEDCAC)

trials," Dr. Jordan said.

AOA members interested in influencing panels and who are qualified to serve on federal boards may submit their curriculum vitae to the AOA Washington office, Attn

Federal Relations Committee, 1505 Prince St. Suite 300, Alexandria, VA 22314 or email Kara Webb at kcwebb@aoa.org or Dr. Jordan at vetteyes@bresnan.net.

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President,

from page 4

now was named as one of Washington's top 10 lobbyists in 2012....

So what about the future? What is up around the bend for our profession? According to sources such as U.S. News, CNN, Kiplinger's, the *Wall Street Journal* and many others, optometry is being referenced as one of the top professions for the future. Indeed, our little profession is on the map. Consider this: there are 300 million people in this country. And who provides care for them? A million physicians, over 2 million nurses, 240,000 dentists, 200,000 physical therapists, and 36,000 optometrists. It is estimated that we provide almost three-fourths of the eye care in this country and examine more than half of the eyes in this country every year. Now, enter the Affordable Care Act bringing an estimated 30 to 50 million more lives into the fold of care. Add to that, the Harkin Amendment breaking the ERISA barrier and allowing access to another 70

sion, and there's no reason to believe we are going to stop. In fact, there is every reason before us that we should continue to move forward.

When I graduated in 1986, there were only a handful of optometric residencies. Today, nearly 20 percent of our 2013 graduates will attend a residency, from primary care, to contact lenses, ocular disease, binocular vision and even vitreous retina. During this administrative year, the leadership of the Association of Schools and Colleges of Optometry and the AOA will explore synergies between our organizations knowing full well that the success of our profession is truly dependent on both the advancement of optometric education and the early and continued involvement in organized optometry by our students and our new graduates. Bottom line, the students of today will shape the optometry of tomorrow.

And what about our students? ...Following Dr. Carlson's 20/20 tour in 2010

ing together with the AOA leadership, we have made marked strides in our reach to students. But we need to do more, and not just for students, but for all of our members as well.

So beginning this year, we have made it a priority to better connect with our members. As you heard from Dr. Terri Geist yesterday and Dr. Hopping this morning, we are streamlining and modernizing many of our communications. As some of you have already seen, our new website went live last Monday, and I think you will find it cleaner, faster and more user-friendly. We will continue to start your day, every morning, with AOA First Look, and by next year, the *AOA News*, our most-read publication, will undergo a significant transformation....

And much of this would not have taken place had we not made system-wide changes to our IT platforms. Four years ago, the AOA Board of Trustees approved a significant investment in both time and capital to improve our electronic processes. And in January of this year, after years of research, internal evaluation, training, and expense, all under the guidance of our Chief Information Officer Mr. Reggie Swanigan, we went live with our new association management system....we are also nearing the launch of our affiliate enterprise system, which will, in time, connect the AOA to its affiliate organizations and to our members like never before.

Our affiliate partners are the backbone of this federation. We acknowledge that as part of our strategic plan, and over the past 18 months, the AOA has made significant internal changes to better accommodate the needs of our affiliate organizations. Overseen by our Chief Operating Officer Renee Brauns and our Affiliate Relations Director Jennifer Frawley, we have completely retooled the processes by which we communicate with our state affiliates. Better com-



Dr. Munson addresses the AOA House of Delegates.

munication equals less confusion, more camaraderie and happier members.

To be sure, we are always looking for better ways to serve our members. And today, the decision this House made to transform the Paraoptometric Section and to bring all of our paraoptometrics into the fold of the AOA was the right one. Now, instead of having only 2,500 paras, we will bring an estimated 70,000 to 80,000 new paras into the fold of our Paraoptometric Resource Center housed within the AOA. Paraoptometrics that can become better trained, certified, more efficient, more confident, more valuable to their employers and more connected to our AOA.

Our AOA. Truly, an amazing organization with a lot of very passionate people moving in a lot of different directions. And as we move forward into this new era of health care, we will need all hands on deck. Whatever it is you bring to the table, then bring it. Our association is organized into over 35 different committees manned by nearly 300 volunteer optometrists from around the country. And it is these volunteers that provide the necessary strength and vitality by bringing their brand of passion to our table.... For the past two years, we have tested the waters with coordinating our annual volunteer meeting with Optometry's Meeting®, and we have been pleased with the

outcomes. But we need more.... So I am happy to announce that this February, we will be reinstating the mid-year meeting for all AOA volunteers in St. Louis.

State leaders, what's up around the bend for you? Clearly, things will change on Jan. 1, and I suspect there may be more questions than answers from your members. So my advice to you as you go forward in your respective leadership roles is to stay informed, keep an open mind and be patient....

Finally, I want to thank you, our delegates, for taking the time to be here, for voicing your opinions and having the courage to do so. This is our House. It's where we do our business; it's where we agree; and where we agree to disagree...and that's fine, because this is your organization, your AOA. It is the voice of optometry and the only voice that advocates for you, your patients and our profession.

I'd like to close on a personal note and express my appreciation for the support and the encouragement that you have provided during my journey on the AOA Board. I have appreciated the kind words as well as the gentle nudges because it is the sum total of both our likes and our differences that make us who we are today....it is a privilege to serve this profession, and I look forward to the challenges and the opportunities that are up around the bend.

As we move forward into this new era of health care, we will need all hands on deck.

million lives that were previously barred from optometric care. Add all of this to an aging demographic, and you have a good look at the future of eye care and the future of our profession. While the number of optometrists appears to be keeping pace with the demand for primary eye care, the number of eye surgeons in this country is predicted to remain flat in the face of an increasing demand for medical eye care. So who's going to fill the void? PAs? Nurse practitioners? We all know the answer: It's us!

Twenty-five years ago, I couldn't prescribe a drop of antibiotic. Today, there is very little we cannot prescribe and far more that we can treat. Optometry has evolved faster than any health care profes-

and 2011, the AOA Board adopted a policy of sending an AOA board member to visit every school and college of optometry every year so that each student can hear AOA's message, first hand, from one of its elected leaders. While membership in the profession is free upon graduation, it will shock many of you to know that our current transition rate for new graduates is, and has been for many years, around 60 percent. We can all speculate as to why this is, but what we must do is to engage these students well before they graduate. Last year in this House, we passed a bylaw requiring that all AOSA members must also join a state affiliate. This was supported by the AOSA and, thanks to a very dedicated group of AOSA leaders work-

AOA revised HIPAA privacy notices now available

New AOA Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices forms – reflecting new, more stringent, federal privacy protection standards – are now available for optometric practices through the AOA Marketplace.

The new AOA HIPAA Notice of Privacy Practices assures patients their optometric practice strictly adheres to all federal privacy protection regulations.

The form specifically notes that, in line with new HIPAA standards, no federally protected health information (PHI) will be sold or used for marketing without authorization from the individual patient.

In line with the new HIPAA regulations, it also notes that a patient may now request a practice to withhold disclosure of PHI related to a particular service to a health plan, if the patient has paid for the services out-of-pocket.

Federal law requires health care practitioners to provide all patients with notices of the measures taken in their practices to protect patient information in line with the HIPAA regulations.

Failure to provide the required notices or meet federal privacy protection standards may result in investigations and possible civil/criminal penalties.

Although the new rules technically took effect in March, optometrists and other health care entities have until Sept. 23 to comply.

In light of the new regulations, optometric practices should provide an updated HIPAA Notice of Privacy Practices to all patients. For new patients, this means distributing the notice at the time of the first office visit. For existing patients, the new policy should be available upon request. In addition, a copy of the updated notice

should be posted in a prominent location on the practice premises and on the practice website, if it is currently posted on the web. Practices should cease use of any old HIPAA privacy practice notices; however, a copy should be retained along with any written acknowledgments of receipt from patients.

New AOA HIPAA Notice of Privacy Practice forms are available now for immediate shipment by calling 800-262-2210 between 8 a.m. and 4 p.m. CST, Monday through Friday or by emailing orders@aoa.org. AOA members should include their member numbers when contacting AOA Marketplace to

qualify for a member discount.

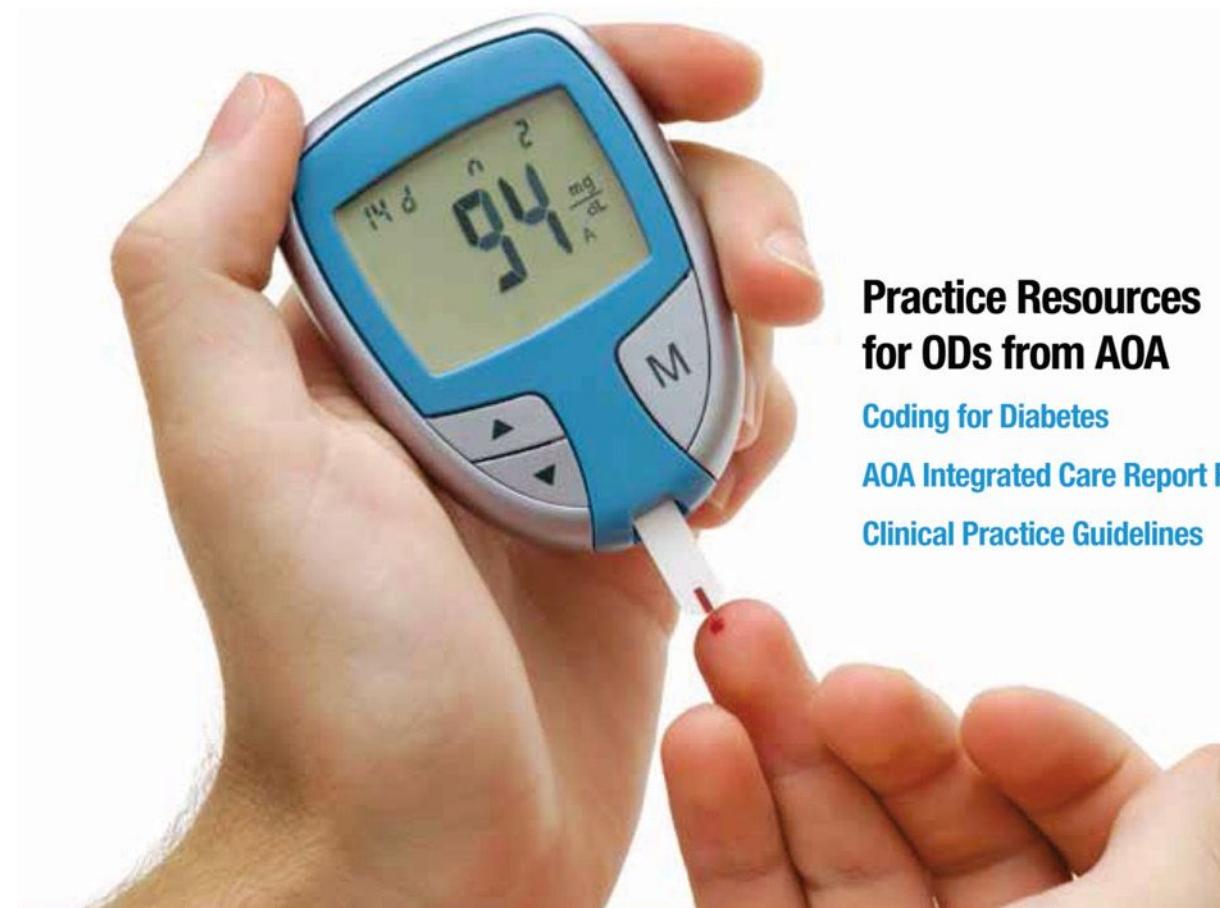
The AOA Office of General Counsel developed the new forms in conjunction with HIPAA experts at the law firm of Stinson Morrison Hecker.

The AOA HIPAA Notice of Privacy Practices form is offered as a resource. It is not

intended to suit all optometry practices or to constitute legal advice. Practicing optometrists should review the form with their legal counsel to ensure it reflects any applicable state privacy protection regulations and the actual privacy protection measures taken in their offices.



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OPTOMETRY CARES®

Inaugural Optometry Cares® 5K Run/Walk raises \$20,000 for foundation at Optometry's Meeting®

Fundraising event draws capacity crowd of 250 participants

A group of 250 runners and walkers took to the paths of San Diego early Saturday morning, June 29, during Optometry's Meeting® in a first-of-its kind fundraising event. The 5K Run/Walk to benefit Optometry Cares® – The AOA Foundation was

In the women's category, Jane Trimberger, from Bloomington, Ind., finished in first place with a time of 19:27. In second place was Vanessa Fimreite, at 21:46, with Amy Peabody finishing third at 22:44.

Cheryl Archer, O.D., president of Optometry

this unique occasion," said Dr. Archer. "We are also thankful to the sponsors for making our event possible. And, the fantastic weather and lovely scenery was certainly an added bonus, and we look forward to making this an annual event for our meeting."

The 5K Run/Walk was underwritten by generous sponsorships by The Vision Council Low Vision Division, Luxottica, and Essilor of America.

Optometry Cares® is a charitable organization committed to expanding eye health and vision care access for everyone in the U.S. in order to enhance human performance and quality of life. Optometry Cares® supports VISION USA, InfantSEE®, the Endowment Fund, the National Optometry Hall of Fame, Healthy Eyes Healthy People® State Grants, The Archives & Museum of Optometry, as well as Optometry's Fund for Disaster Relief.

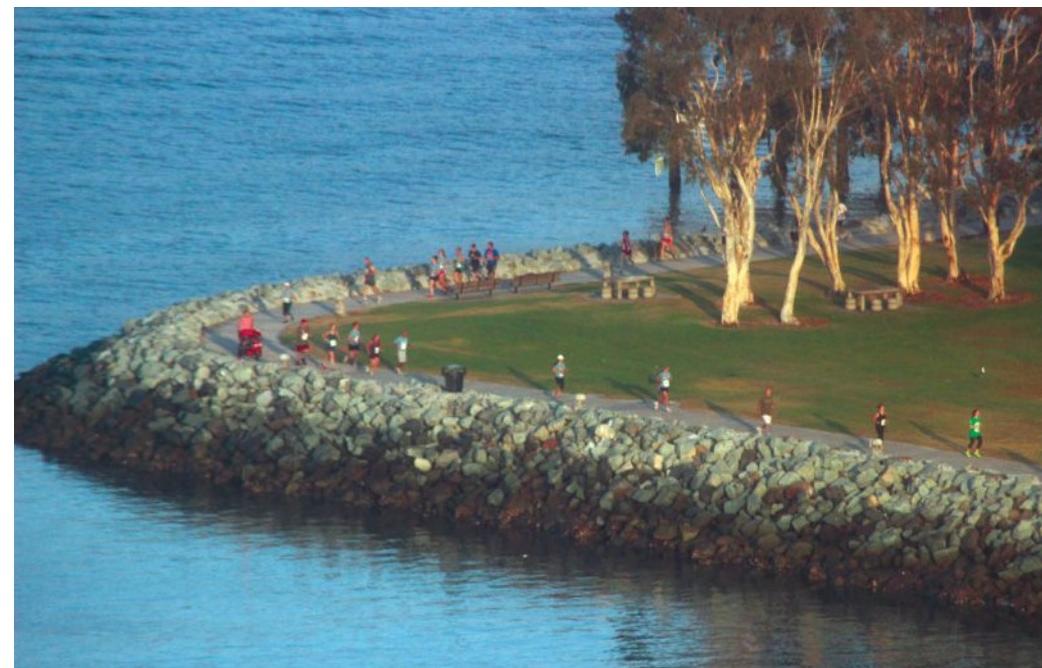
successful in raising more than \$20,000 and generated awareness of the many programs supported by the foundation.

John Kauderman, from Davie, Fla., crossed the finish line first with a time of 18:00, followed by Kent Edens at 18:45, and Michael Veliky, O.D., at 19:27.

Cares® – The AOA Foundation, expressed gratitude to the participants, as well as the sponsors, for the overwhelming success of the event.

"We are thrilled that so many people took time out of their busy schedules during Optometry's Meeting®, rising early to participate in

"We are thrilled that so many people took time out of their busy schedules during Optometry's Meeting®, rising early to participate in this unique occasion."



Participants round a bend along the waterfront during the first leg of the Optometry Cares® 5K.



John Kauderman, at right, from Davie, Fla., crossed the Optometry Cares® 5K finish line first with a time of 18:00, followed by Kent Edens, at left, at 18:45.



Prior to the Saturday afternoon elections in the House of Delegates on June 29, soon-to-be-elected AOA trustee Robert Layman, O.D., at right, showcases Team Layman supporters whose signs read "See Bob Run."

Support Your Foundation

To make an online donation, visit www.aoafoundation.org.

2013 AOA Healthy Eyes Healthy People® grants target eye care needs of diverse populations

Again this year, the AOA HEHP program provided grants of up to \$5,000 for innovative community outreach projects addressing the vision-related objectives of the U.S. Department of Health & Human Service's (HHS) Healthy People 2010 public health agenda.

Eye exams for the homeless. Educating Latinos about the ocular effects of diabetes. Rural health fairs for children and their families. These are a few of the 15 projects awarded funding through the AOA's 2013 Healthy Eyes Healthy People® (HEHP) State Association Grant Program generously funded by Luxottica.

"Healthy Eyes Healthy People® is a program that is committed to improving the vision and health of all Americans," said James L. Bocuzzi, OD, chair of the Community Grants committee. "The HEHP grants are a tool for optometrists to integrate vision services into community health programs. Access to eye and vision care improves the quality of life for all Americans."

The grant program is open to any AOA member optometrist who wishes to establish or continue an eye or vision public outreach program conducted in conjunction with an entity outside organized optometry.

The HEHP grants should strengthen the outreach of community-based organizations by providing "seed money" to begin or continue vision-related projects.

Since the HEHP program's inception in 2004, the AOA has distributed more than \$1.2 million in grants for 350 projects addressing diabetes, glaucoma, children's vision, eye safety, low vision, and other vision-related issues.

"During the past nine years, we have seen the Healthy Eyes Healthy People® projects in action across almost every state in the U.S.,

with programs ranging from vision care for the homeless to preschool vision screenings and eye disease awareness projects," said Andrea Dorigo, President, Luxottica USA. "Results have proven that these grassroots community outreach programs not only promote eye and vision health, but in some cases save a person's vision."

Listed by state below are the projects (with project coor-

dinators) awarded HEHP grants this year.

❖ **California – Saving Sight: Pilot Project for Latino Community in Los Angeles Area** – Tina MacDonald, O.D. Offers classes in self-management and ocular effects of diabetes to uninsured or underinsured latinos in order to increase public awareness about the sight-threatening effects of diabetes and boost accessibility to comprehensive eye care.

❖ **Connecticut – Connecticut Optometry and Children with IEP** – Elizabeth McMunn, O.D. Educates teachers, parents and school administrators about the importance of comprehensive eye examinations for children with IEPs in collaboration with the Connecticut Association of School Nurses; Connecticut Association of Occupational Therapists; and Connecticut Educators Association.

❖ **Idaho – Coeur d'Alene School District Educational Project** – Robert Sorensen, O.D. Aims to determine the percentage of students falling behind grade level, particularly in grades 2 through 4, with learning-related vision issues; discover the most prevalent vision conditions in this group; and train the specialists in the school district how to

detect the conditions.

❖ **Illinois – Vision of Hope Health Alliance** – Janis Winters, O.D. Provides free primary vision and advanced medical eye care to 1,000 uninsured adults. VOHHA patients receive, at no charge, eye examinations that include dilation, advanced diagnostic testing, eyewear and other related services, such as information on health issues and links to primary care

olds across the state who have had a See To Learn assessment, which detects vision disorders that would have otherwise gone unnoticed and reduces visual impairment due to uncorrected refractive error.

❖ **Nevada – Sight First** – Stephanie Lee, O.D. Provides a wealth of services, including comprehensive exams, co-management of ocular and systemic diseases, and surgery in collaboration with

diabetes eye disease through experimenting with new screening technology while supporting NMOA members in regional hospital health fairs and diabetes clinics.

❖ **Oklahoma – Eye Exams in Putnam City Schools** – Ruthie Ruan, O.D. Educates pre-K to fifth-grade students and their families on the importance of comprehensive eye exams and distributes materials, arranges health fairs to educate parents and staff, provides the training facility and opportunities for school nurses, nursing aids and other staff to learn to identify potential vision problems, and collects questionnaires and follows up on the results of referrals/recommendations.

❖ **Oregon – C2READ** – Rebecca R. Chown, O.D. Identifies potential vision problems in at-risk second-grade students and provides access to comprehensive eye care and glasses in Hood River County.

❖ **Tennessee – Project Homeless Connect: Focus on Vision Care** – Zakiya Nicks, O.D. A collaboration with a one-day service delivery event through which ODs conduct screenings and comprehensive eye exams on more than 200 homeless individuals and offer follow-up care.

❖ **Washington – Frank Haskell Lions Eye Clinic** – Ken Henderson, O.D., and Brian Koning, O.D. Continues to provide no-cost eye care to the uninsured, low-income population in Whatcom County, Wash.

For more information, contact foundation@aoa.org.

"Results have proven that these grassroots community outreach programs not only promote eye and vision health, but in some cases save a person's vision."

providers.

❖ **Louisiana – U & Eye** – Doug Wilkinson. Educates the employees of the Paragon Casino & Resort about the need to see an optometrist regularly and emphasizes annual eye exams for people with diabetes and those at risk for diabetes. The project also educates a diverse rural population on how optometrists can manage, improve and save vision.

❖ **Maryland – Mission 20/20** – Nina Doyle, O.D., and Jennifer Levy. A public health campaign focused on improving general health and reducing eye and vision health disparities in Maryland's most economically disadvantaged racial and ethnic minority communities. The project partners with the Essilor Vision Foundation and VSP.

❖ **Minnesota – Diabetes and Your Eyes** – Beth Coleman, executive director. Broadens awareness, especially among underserved populations, of the importance of preventative and therapeutic eye care for all diabetics and encourages volunteerism by Minnesota Optometric Association members.

❖ **Nebraska – See To Learn Reinforcement** – Alissa Johnson – Aims to increase the number of 3-year-

Volunteers in Medicine in Southern Nevada, the Lions Eye Foundation, Lion's Sight First of Southern Nevada, optician program at the College of Southern Nevada, and the Southern Nevada Optometric Association.

❖ **New Hampshire – Diabetic Eye Exam Initiative** – Sarah E Jagatic, O.D. NHOA members provide free dilated eye examinations and education for the uninsured and underinsured to ensure that all of the community health centers' diabetic populations have annual diabetic eye examinations to help prevent visual impairment due to diabetic retinopathy.

❖ **New Mexico – KidSight** – Jane Compton, O.D.



OPTOMETRY CARES®

Frasco honored with InfantSEE® Sullins Award

This year, Optometry Cares® - The AOA Foundation honored Cara Frasco, O.D., from Ohio with the Dr. W. David Sullins, Jr. InfantSEE®

community for outstanding public service involving the InfantSEE® program.

Dr. Frasco's nomination form said "She exhibits the very essence of the Sullins

Frasco is one of the leading optometrists in the country for electronic submission of InfantSEE® assessment reports.

Award. The award recognizes an individual doctor of optometry who has made significant contributions to optometry or his/her com-

Award. In the area of InfantSEE® Leadership, she is the InfantSEE® coordinator for area and she is one of the leading optometrists in

the country for electronic submission of InfantSEE® assessment reports. In the area of comprehensive care, she has highlighted the InfantSEE® program and receives referrals from the community, colleagues and local pediatricians for InfantSEE® assessments."

Dr. Frasco practices in Springboro and Middletown. She received her optometry degree and a concurrent master's degree in vision science degree from The Ohio State University College of Optometry in 2003.

She completed a residency in pediatric optometry

at the University of Houston in 2004.

Children's vision has been Dr. Frasco's focus since she began practicing optometry. She became a volunteer when InfantSEE® started in 2005.

In 2012, Dr. Frasco provided 59 of Ohio's 495 InfantSEE® reports submitted online.

Dr. Frasco and her husband, Nicky Lai, O.D., reside in Beavercreek, Ohio.

They have two children, Charlie, 4, and Andy, 1.



Dr. Frasco addresses the AOA House of Delegates.



John F. Amos, O.D., professor emeritus and former Dean of the University of Alabama-Birmingham School of Optometry, is inducted into the National Optometry Hall of Fame.



The Optometry's Meeting exhibit hall opened with a flash mob recognizing Optometry Cares®-the AOA Foundation. American Optometric Student Association members Jen Lim, Chris Jovez, Patrick Jovez, and Lisa Nguyen helped organize and choreograph the event.

Foundation announces winners of 2013 scholarship awards

Optometry Cares®- the AOA Foundation selected Matthew Bovenzi from the State University of New York State College of Optometry as the recipient of the \$2,500 Dr. Seymour Galina Grant.

This scholarship fund, one of the earliest endowed gifts to Optometry Cares, was established through a bequest from the late Seymour Galina, O.D., a long-time member of the AOA.

Optometry Cares® invested the original gift and now uses the earnings to fund the \$2,500 Dr. Seymour Galina Scholarship Grant in perpetuity.



Bovenzi

InfantSEE® scholarships

The foundation selected Jay Lytle from The Ohio State University College of Optometry as the national winner for the InfantSEE® Scholarship Grant.

Lytle will be awarded \$5,000, and the runner-up, Cameron Horch from Pacific University School of Optometry, will receive \$2,500.

The InfantSEE® Scholarship Grant was created by Vision West, Inc., a leading national ophthalmic product buying group, to promote InfantSEE®, a public health program of Optometry Cares® developed to provide no-cost professional eye care for infants nationwide.

For more information about the foundation, visit www.aoafoundation.org.



Horch

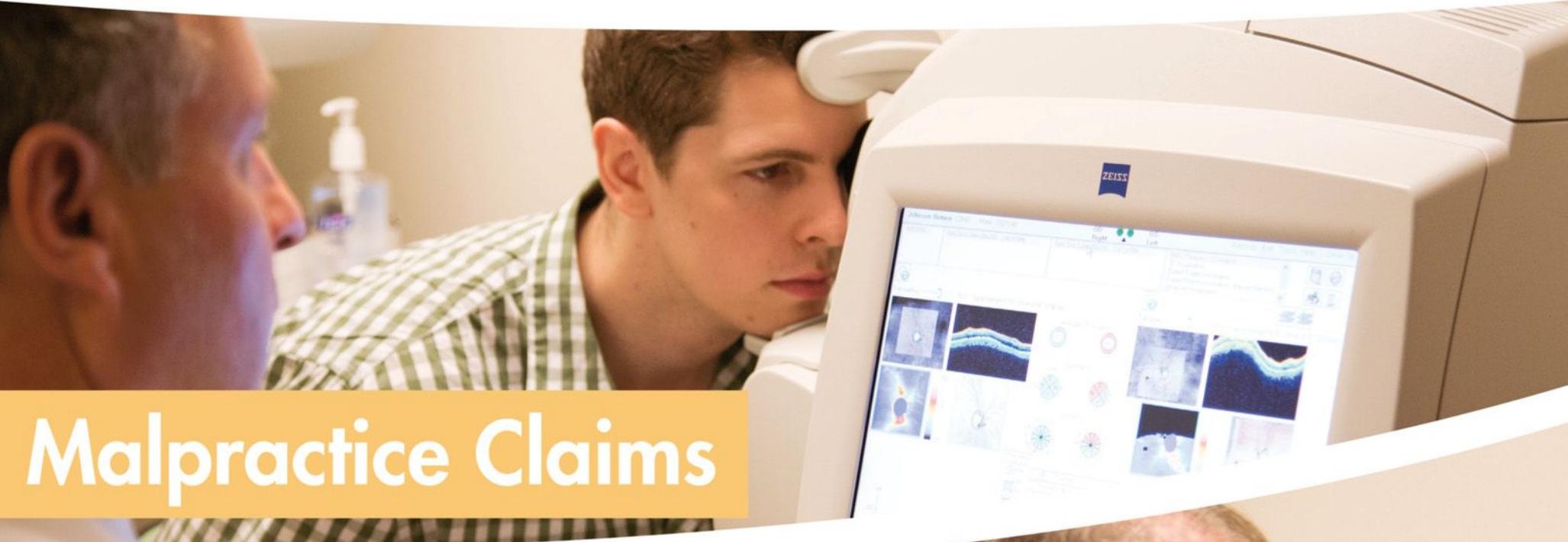


Lytle

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AOA launches major campaign to prompt health plans to rethink eye care

The campaign to "rethink eyecare" represents a major step to help health care decision-makers recognize the improved patient outcomes and cost-savings that can be achieved by including optometrists as in-network providers. Offering a full range of eye health and vision care services, optometrists benefit plans when added as part of medical eye.

The target audience of the campaign messaging is broad and includes employers, consultants, benefit managers, health plans, integrated health care delivery systems and accountable care organizations, according to Stephen Montaquila, O.D., chair of the AOA Third Party Center Executive Committee.

"In addition to the new health plans offering benefits through health insurance exchanges in each state and other insurance programs created under the federal Affordable Care, we are interested in working with employer-based plans organized under the Federal Employee Retirement Income Security Act (ERISA), which have often been resistant to the inclusion of optometrists on their medical provider panels," Dr. Montaquila said. "Along with that, we are working to integrate eye health and vision benefits into mainstream health plan benefit packages, secure full scope of practice for optometrists providing care to health plan members, and eliminate barriers to patients receiving essential eye care. We also want to eliminate any health plan requirements that force beneficiaries to join vision plans in order to seek medical eye care (provided by optometrists) and any requirements that force optometrists to join vision plan provider panels in order to provide medical eye care to health plan."

Through a new "rethink eyecare" website (www.rethinkeyecare.com), health plan decision-makers and administrators will now be able to easily access information on the benefits of including primary eye care services as a standard covered benefit provided by optometrists who are included in the health plan provider networks.

In addition, the website is stocked with resources for AOA-member optometrists and state affiliate organizations to use during meetings with health care benefits managers and provider network development decision-makers from a wide range of stakeholder organizations.

The AOA Third Party Center is working to set up meetings with administrators and benefit managers at major employer-based health plans and commercial insurance carriers as well as with national and regional business coalitions.

A series of focus-group style meetings are also planned with a few leading employers, benefits advisors and plan administrators in order to determine best practices for presenting compelling information around the "rethink eyecare" campaign.

The "rethink eyecare" campaign, originally called the "Patient Access to Optometry" initiative, was developed over the past year by the AOA Third Party Center in conjunction with leading health care policy consultants and research firms as part of the center's overall patient access advocacy effort.

How to make the most of ACOs and value-based care

Value-based care is an emerging trend that will help shape how you practice eye care in the future. But are you prepared to find your place in the new world of value-oriented, integrated care systems?

Medicare is rapidly moving to establish a new system of accountable care organizations (ACO). Both public and private health plans are embracing the new

ACOs, the role optometrists can play, and a strategy for securing participation in an ACO network.

In addition, the online ACO toolkit provides a complete range of resources optometrists can use to develop a thorough understanding of ACOs, identify and approach ACO networks, and be included to provide a full scope of eye and vision care to ACO patients.

"The AOA has made the elimination of barriers to OD participation in accountable care organizations a top priority."

value-based integrated care models such as ACOs and patient-centered medical home (PCMH) networks.

With these trends in mind, the AOA Third Party Center recently unveiled two resources to help you prepare: the Optometrists' Guide for ACO Participation and the online ACO Resource Toolkit.

"The AOA Optometrists' Guide for ACO Participation is a first-of-its kind practical implementation and execution guide for optometrists who are interested in participating in ACOs or other types of integrated health systems," says Stephen Montaquila, O.D., chair of the center's executive committee.

The toolkit was formally introduced on June 26, 2013, during President's Council at Optometry's Meeting®.

What the guide and toolkit provide

Developed by key volunteers from the Third Party and Federal Relations committees, the guide starts with the basics. It outlines the structure and function of

- ❖ Examples of "best-practice" ACO models that properly include and involve optometrists
- ❖ Presentation support resources such as PowerPoint slides and/or short videos for use in meetings with ACO administrators.
- ❖ Information on AOAExcel's X Network, now under development to provide optometrists the electronic health records (EHR) connectivity required for participation in integrated care networks
- ❖ Information on a new AOA Third Party Center Access Resource Team, now being established to assist optometrists with local advocacy efforts for inclusion in integrated health networks.

"The AOA has made the elimination of barriers to OD participation in accountable care organizations a top priority," said Dr. Montaquila. "I urge all AOA members to review the new guide and then consider approaching, engaging and joining these emerging care systems."

AOA members can access the association's ACO Resource Toolkit, including its Optometrists' Guide for ACO Participation, at www.aoa.org/x16106.xml by entering their member number and password.



The new www.rethinkeyecare.com allows health plan decision-makers to easily access information on the advantages of including primary optometric care as a standard benefit.



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- Recognize how an EHR can grow your practice and better position it for future sale
- Adequately prepare for and survive Medicare, private insurer, and pre- and post-payment Meaningful Use audits
- Understand how to participate in the EHR Incentive Program when other doctors in your practice are not

*Please note: Incentive dollar amounts are calculated as a percentage of total Medicare payments and as such, may vary depending on a particular doctor's gross payments from Medicare.

Locations	Dates
Atlanta, GA	August 21, 2013
Dallas, TX	August 23, 2013
Chicago, IL	November 6, 2013
Las Vegas, NV	November 8, 2013

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A hand in a white lab coat is shown holding a silver tablet device. A stylus pen is being used to write on the screen of the tablet.

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MEDICAL RECORDS & CODING

'Ask the Codeheads'

Are you getting ready? Prep your practice for ICD-10

By Walt Whitley, O.D., Jason Miller, O.D., and Chuck Brownlow, O.D., AOAExcel™ medical & records consultants

Whether your practice has begun to prepare or not, the U.S. health care system will formally adopt the International Classification of Diseases, 10th Edition, Clinical Modification and Procedure Coding System (ICD-10-CM/ICD-10-PCS) Oct. 1, 2014, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

The key is to start preparing now.

Initially set to launch Oct. 1, 2013, a delay provided optometrists and other health care providers more time to get an understanding of the pending changes, determine how it will affect their practice, and decide how to implement ICD-10 within their practices.

The transition to ICD-10 will allow providers and payers to more accurately describe each patient's diagnosis.

Optometrists will continue to use the Current Procedural Terminology (CPT) published by the American Medical Association (AMA) and the Healthcare Common Procedural Coding System (HCPCS Level II) to describe health care services and products they provide patients.

Providers practicing in hospitals will be required to use ICD-10-PCS codes for inpatient procedures and treatment in addition to ICD-10 CM for diagnosis.

Is ICD-10 needed?

The International

Classification of Diseases (ICD) was originally created to aid in research and statistical analysis regarding disease within the world's population. The current version used in the United States is ICD-9th Edition, which is a numeric representation of diseases and conditions for health care billing.

ICD-9 disease codes are five digits: three before the decimal point and two after. Although used for the last 30 years, ICD-9 does not account for advancements in technology. Also, many diagnosis categories are full and

many diagnoses are not descriptive enough for each specific condition.

ICD-10 will address many of the shortcomings of ICD-9, such as reimbursement, health care quality, ability to add new diagnoses, and greater specificity. ICD-10's greater detail may eventually mean that reimbursement would more accurately reflect the services provided. Health care quality will be evaluated for medical processes and outcomes. ICD-10 will be flexible enough to incorporate new diagnoses and procedures. Lastly, each diagnosis will be exact enough to identify diagnosis and procedures precisely.

Before we go any further, it is important to understand the differences between ICD-9 and ICD-10. The chart on page 32 will provide a brief overview of the difference.

Essentially, there will be more specificity for each disease, taking into account the anatomical site affected, the etiology of the condition, and the severity of each disease state.

Take these steps now

There are numerous steps optometric practices can take as you prepare for the inevitable. The key is to start preparing now (see additional links and resources below for specific timetables for ICD-10 transition).

❖ Go to the CMS website – Here you can find all the up-to-date information on ICD-10, email updates, webinars and links for specific provider information, as well as timelines for implementation (<http://cms.gov/Medicare/Coding/ICD10/index.html>).

❖ Evaluate your current documentation – Take a look at your current records to see how your clinical documentation would be graded in ICD-10. Remember, the purpose of ICD-10 is to more accurately describe each patient's condition and documentation is what drives coding. During your history, is it comprehensive enough to fully describe the encounter that will go along with your findings? One helpful tip would be to practice and improve on your everyday documentation that is driven by each clinical condition. This will allow you or your coder to have enough information for ICD-10 classification.

❖ Determine who will be affected – Another step you can take as you prepare for ICD-10 is to evaluate all aspects of your practice where ICD-9 is currently used. Many examples exist, including authorizations, pre-certifications, physician orders, medical records, superbills, EHR systems, coding manuals and public health reports. For staff who will use ICD-10, establish a

See Codeheads, page 32

AOAExcel™ Medical Records & Coding Resources

The following resources are available to AOA members through AOAExcel™. Visit www.ExcelOD.com/Coding.

❖ "Frequently Asked Questions" for members-only, provides detailed answers to medical records and coding questions.

❖ AskTheCodingExperts@ExcelOD.com offers AOA members-only the opportunity to email their coding questions and have them answered by a topical expert in medical records and coding.

❖ **Medical Records and Coding Webinars** are provided as a no-cost AOA member-only benefit to educate doctors and staff on medical record-keeping and coding.

❖ The **AOAConnect** social networking site features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (connect.aoa.org).

❖ **AOACodingToday.com** is an AOA member-only benefit available to all AOA members at no cost (previously \$349). AOACodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.

❖ **AOA.ReimbursementPlus.com Suite**, a customized version of the industry-leading Current Procedural Terminology (CPT) data and information service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, Centers for Medicare & Medicaid Services (CMS) reimbursements, national and local coverage rules, Correct Coding Initiative (CCI) edits and any other CPT information desired, all specific to the practitioner's ZIP code. AOA.ReimbursementPlus.com provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.

❖ **Codes for Optometry** is available from the AOA Marketplace for \$140. It is a two-volume set including Current Procedural Terminology® American Medical Association codes and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the Healthcare Common Procedure Coding System (HCPCS) codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. Codes for Optometry is available on a CD in a searchable format.

AOAExcel™ is devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs.

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Rethink eyecare,

from page 1

factors causing policymakers, health plan administrators and even patients to reconsider how eye care is – or should be – provided, Dr. Montaquila said.

"As a result, there is growing emphasis on optometrists as critical providers of eye health and vision care services," he said.

"We are already seeing an increasing number of large Fortune 500 companies – such as General Motors and Chrysler Corporation – as well as medium-sized companies – such as Maryland's Shore Health System and Michigan's Art Van furniture chain – begin to utilize optometrists for all eye care services including medical eye care under their benefit programs," said Dr. Montaquila.

Benefit managers are increasingly realizing treatment for eye disease, ocular manifestations of systemic conditions allowing for cost-controlling early detection and treatment, as well as emergency care such as foreign body removal or allergic reaction generally can be obtained more quickly and far less expensively through nearby optometric practices than through hospital emergency rooms or other providers not specializing in eye care, Dr. Montaquila said.

The Harkin Amendment, a landmark health practitioner nondiscrimination provision in the ACA that takes effect Jan. 1, 2014, is expected to further enable and encourage optometric participation in health plan provider networks and increase patient access to optometrists for eye care under all health plans.

"Together, the new rethink eyecare campaign and our ACO Resource Toolkit will markedly increase patient access to eye care through optometric practices in our changing health care environment, by helping payers and purchasers of health benefits realize the value of optometrists' inclusion and participation, which in turn, will help optometrists explore new opportunities to provide care," Dr. Montaquila said.



AOA Third Party Center Executive Committee Chair Stephen Montaquila, O.D., addresses attendees at the State of the Optometric Profession 2013 event at Optometry's Meeting. "The AOA and affiliates have done a remarkable job at putting the tools in place for optometry," he said.

Comprehensive training for optometric staff available on CD

The Paraoptometric Skill Builder® online training program, one of many education tools offered by the AOA Paraoptometric Section, now offers staff training for seasoned optometric staff with the release of the Advanced Level 3 program.

The Advanced Level 3

- ❖ Practice management/ dispensary staff and sales
- ❖ Calculating and evaluating prism
- ❖ Spectacle lens problem-solving
- ❖ Practice management/ public relations, promotion and staff recognition

Each unit is an automated PowerPoint presentation

much education as they want to better educate themselves," said David May, O.D. of Waunakee, Wisc. "The benefits are immeasurable. I also believe that those practices that have Paraoptometric-certified employees are usually the most successful optometric practices. This is not by

"The benefits are immeasurable. I also believe that those practices that have Paraoptometric-certified employees are usually the most successful optometric practices. This is not by chance. I think we can all agree that education breeds success."

available on CD consists of 14 units covering:

- ❖ Advanced terminology
- ❖ Advanced anatomy and physiology
- ❖ Contact lenses
- ❖ Color vision
- ❖ Low vision rehabilitation/special ocular procedures
- ❖ Vision therapy
- ❖ Refractive status of the eye
- ❖ Frame adjustments/tools and repairs
- ❖ Compliance and regulations
- ❖ Practice management/insurance processing

with start-and-stop features and is designed to expand knowledge and expertise of experienced staff. Audio instruction provides a more engaging learning experience. Staff can view the 20-minute units from any computer any time for convenience.

Training is an important part of optometric staff development. Optometrists are pulled in many directions and fitting staff training into busy schedules can sometimes be an impossible task.

"I wholeheartedly encourage my staff to take as

chance. I think we can all agree that education breeds success."

All three levels of the Paraoptometric Skill Builder® program (beginner, intermediate and advanced) are available on CD. The Beginner Level 1 is also available free online as a Paraoptometric Section member benefit.

Learn more by searching "Paraoptometric Skill Builder" at www.aoa.org.

The Advanced Level 3 unit is funded through an education grant from Vistakon.

VOSH seeks ODs to educate overseas

VOSH/International, in collaboration with the Brien Holden Vision Institute Public Health Division and supported by Optometry Giving Sight, announced a new initiative in building optometric education worldwide. They are inviting North American ODs to serve in emerging optometric institutions as faculty and program development assistants. Candidates will be progressively inducted in the teaching activities.

Optometrists should have an interest in the academia required for recently established optometry programs aimed at addressing the human resource needs of eye care delivery in developing countries. Candidates are required to assume the position for a minimum of two years and relocate within a reasonable time once positions become available.

VOSH/International will review applications with final selection and placement by the Brien Holden Vision Institute. Criteria include: doctorate degree in optometry, residency completion preferred, and a desire to support emerging optometry education and share knowledge in developing countries.

Selected candidates receive a stipend to cover expenses, housing, relocation travel, health insurance, and return travel to home country per year of contract. The overall package ranges from \$34,000 to 43,000 depending on credentials.

Those interested may forward their credentials to voshcrops@vosht.org. For additional information, visit www.vosh.org or www.brieholdenvision.org.



American Optometric Association

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What is a cataract?

A cataract is a clouding or darkening that develops in the lens of the eye. The lens is the part of the eye that focuses light on the retina, at the back of the eye. A cataract causes the lens to become cloudy or hazy. It is not a film that grows over the surface of the eye.

No one is exactly sure what causes a cataract, but it is known that chemical changes within the lens cause the lens to become cloudy. Cataracts are a normal part of the natural aging process, but it may also result from an injury to the eye, certain diseases, or medications.

Cataracts are most often found in persons over age 55, but are also occasionally found in younger people. Cataracts can develop in one eye or in both eyes, but often at different rates. Some cataracts develop slowly over a period of years and others develop more rapidly.

Through a comprehensive eye examination, your doctor of optometry can determine whether or not you have cataracts.

What are the symptoms?

Cataracts vary in their development from person to person, so the symptoms may also vary. Here are some common symptoms of cataracts:

- Increasing haziness causing blurred or distorted vision
- Increased sensitivity to glare from lights, particularly when driving at night
- A tendency to become more nearsighted because of increased density of the lens
- Double vision
- A gradual loss of intensity of color vision
- A temporary loss of vision, a stage for some people where it is easier to see without glasses—second sight



Above: normal vision. Below: a vision as it might be viewed by a person with cataracts.

Photos courtesy: National Eye Institute, National Institutes of Health.



Below: normal vision. Cataract



Below: normal vision. Cataract

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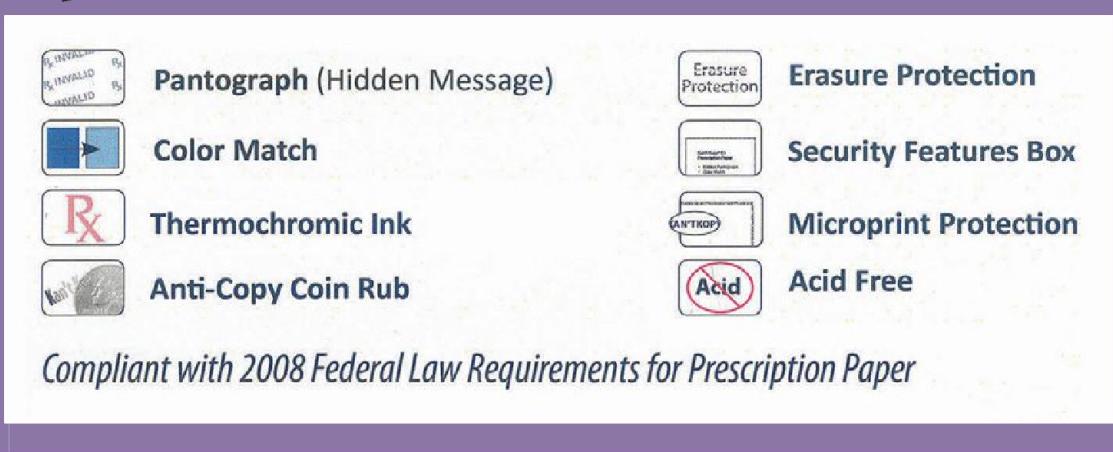
The image shows a trade show booth for eye health. The top banner reads "HEALTHY EYES, HEALTHY PEOPLE". Below it are three photographs: a young girl with her baby brother, a smiling African American family, and a young woman with an elderly man. A checklist below the photos includes: "Comprehensive Eye Examination" (checked), "Caring discussion with friends and family about their eye care needs" (checked), and "Expert guidance in achieving your best visual quality" (checked). To the left, a poster titled "Healthy Nutrition... Healthy Eyes" lists foods like salmon, eggs, and leafy greens as beneficial for eye health. To the right, a display board titled "COMMON EYE CONDITIONS" shows illustrations of various eye problems. In the foreground, a table holds brochures, a book titled "30 Days to a Healthier You", and several small boxes or containers.

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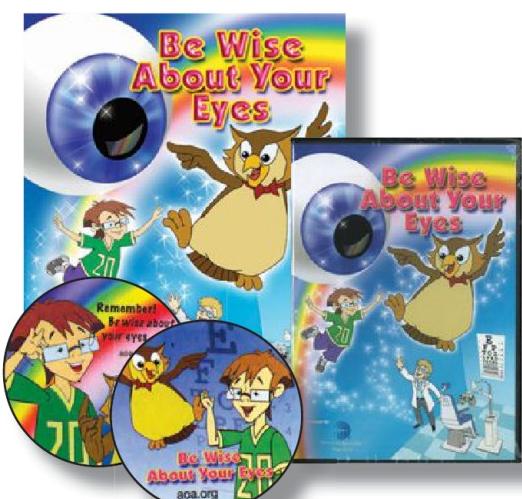
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❖ **Optometry's Career Center®** provides a national, online database and career matching service that helps you find jobs, partners or candidates in the optometric field across all 50 states and the District of Columbia. Visit www.OptometrysCareerCenter.com.

❖ **'Frequently Asked Questions'** for members only, provides detailed answers to business and career questions.

❖ **BusinessAndCareerOD@ExcelOD.com** offers AOA members the opportunity to email their practice management questions and

have them answered by a topical expert in buying/selling agreements, bringing in associates, staff management, and other practice management topics.

❖ **Business and Career Webinars** are no-cost AOA member-only benefits to educate doctors on how to navigate their career paths, from practice entry, to management, growth, and succession planning.

❖ **AOAConnect** is a members-only social networking site with a Practice Pathways Group where AOA members, students, volunteers and staff can share information on how to successfully transition into or out of a practice. This includes, but is not limited to, the buying or selling of

an optometric practice.

❖ **OptometryCEO.com** provides relevant, non-industry supported insight into daily practice management successes and unforeseen mistakes of a private-practice optometrist.

❖ **Wells Fargo Practice Finance** is the source for acquisition and expansion financing. Market data reports provide indispensable geographic and demographic data. The program includes customized financing, business planning tools and a network of resources.

❖ **Practice Pathways** at Optometry's Meeting® gives both buyers and sellers the

facts they need to successfully transition a practice. You'll learn the process of transferring practice ownership from doctors who have been there, principles of winning relationships and leadership, the importance of communication, and hands-on tools to retain patients. The series will cover practical knowledge, and the legal, financial, and

tax aspects. For more information, email AOAExcel@ExcelOD.com.

The AOA is excited to share all these resources with members, bringing much expertise right into offices as value-added member benefits. Even better, much of this is provided at no cost or at greatly reduced cost to AOA members. Visit www.ExcelOD.com.



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Billing and Coding for Contact Lens Wearers

Contact lenses are an important aspect of many optometric practices. This webinar will analyze the various billing and coding situations that arise for elective and medical contact lens evaluations.

Tuesday, July 9, 11 a.m. CDT

Tuesday, July 23, 11 a.m. CDT

Speaker: Jason Miller, O.D.

AOAExcel™ Medical Records & Coding Consultant



Next Generation Optometry



Coding Grand Rounds - Ocular Surface Disease Case Studies

This course will utilize medical record details from ocular surface disease cases that ODs frequently see in their practices. Coding decisions will be based on the definitions in Current Procedural Terminology and the Documentation Guidelines for the Evaluation and Management Services.

Tuesday, Aug. 13, 11 a.m. CDT

Tuesday, Aug. 27, 11 a.m. CDT

Speaker: Walt Whitley, O.D., MBA

AOAExcel™ Medical Records & Coding Consultant



Next Generation Optometry



Associate Agreement Review

Many new ODs are faced with the challenges of navigating the negotiation process on their own. If you are not trained in professional negotiations, this is the webinar for you. Join Dr. Fleming as he walks through the key components of an associate agreement.

Wednesday, Aug. 28, 4 p.m. CDT

Speaker: Chad Fleming, O.D., F.A.A.O.

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Malpractice insurance: Don't be caught without full-scope coverage

By Chad Fleming, O.D.,
AOAExcel™ Business and
Career coach

It's Friday at 11 a.m. and our office receives a call from a new patient who was trimming weeds for his employer. The patient explains he hit some gravel with the weed trimmer and a rock shot up and hit him in the eye. He cannot open the eye and would like to come in right away. Our astute receptionist tells him to come in right away and we will take care of him.

Fortunately for him, I was there and my schedule was packed until noon when the office closes for the weekend, but we could not turn a patient in this circumstance away. He arrives and proceeds through preliminary testing. As I reviewed the chart prior to entering the room, I noticed his visual acuity in the left eye was no light perception, NLP as we all know it. Also, his frequency-doubling technology (FDT) perimeter showed complete black out visual field.

This guy was either blind in the eye or he had a penetrating ocular injury. Wow, I thought, this raises the stakes, and it is Friday, why me? Thinking of the optometric oath I took my first day in optometry school, I walked into the room and introduced myself.

Instead of walking you through every step of the exam, I will save you the time and say the patient's overall eye health was normal. He had some mild bruising of the upper eyelid and mild-to-moderate superficial punctate keratitis but nothing of the magnitude of what he was supposedly seeing. I retook the case history to make sure I had everything documented, as I had a gut feeling this would not be the last time I faced this guy. A full 30-2 visual field was performed, and a glaucoma diagnosis

(GDx) was also run at the time. After communicating my findings, I wisely referred him on for consul-

sent back to me with no obvious pathology explaining his significant vision loss. I communicated with

consider when reviewing your policy.

1. Full scope of practice – I found the company

is one important aspect that can differentiate malpractice carriers.

3. Supplemental Payments – What is the limit for which you are covered for depositions or lost wages due to handling a claim against you? If you have a policy that covers \$2 million per incident, will that include lawsuits regarding billing errors or omissions?

The reality is that many of us have not read our malpractice insurance policy. We have assumed, just like we do with car insurance or home insurance, that it should cover me if something happens. You do not want to learn tomorrow that your malpractice insurance did not cover you for punctal plugs you inserted today.

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You do not want to learn tomorrow that your malpractice insurance did not cover you for punctal plugs you inserted today.

tation with retinology.

A couple weeks later, I received a letter back stating there were no obvious findings that would indicate the level of visual loss the patient reported and tested.

My intuition early on was not wrong as this patient ended up back in my chair complaining of the same concerns. We visited and I stated the story was not matching up, but we could do further neurological testing as the retinologist and myself had suggested if the patient continued to have concerns.

The patient was sent to neuro-ophthalmology. A report and the patient were

the patient that all testing demonstrated that he was ok and that the injury from the weed trimmer had resolved.

A couple weeks later, I received a letter from his lawyer stating the patient was pursuing his employer for his loss of vision. Fortunately, this case for me ended with a three-page letter to the attorney explaining the circumstances of the case and that there was no evidence of correlation between what the patient was claiming and the injury.

This did however peak my interest in our malpractice coverage and the details of my policy.

Here are three things to

my current policy was under would not specify which surgical codes it would cover. My first thought was would I be covered for a foreign body removal? If the insurance company would not state I was covered to the fullest scope of my license, I could be caught in the grey zone. Make sure your malpractice insurance carrier has "full scope of practice" in writing so you are not without coverage for "surgical" procedures.

2. Consent to settle – Understanding where your carrier stands in regards to your responsibility if you should choose to fight a claim and they want to settle

The views expressed are those of the author and do not necessarily reflect the views of the AOA.

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TOMORROW'S PRACTICE TODAY

Artificial vision

By Geoffrey W. Goodfellow, O.D., and Dominick M. Maino, O.D.

Like many facets of eye care, technology is changing the way we practice optometry.

Particularly in the area of low vision, the abundance of inexpensive computing power and applications targeted to patients with visual impairment has really expanded what we can offer.

The magnification features of the iPad alone have allowed countless individuals to read text again without the use of a bulky CCTV or special equipment.

In addition to portable electronic magnifiers, scientists have been working hard to restore sight through gene modification of damaged retinas or through prosthetic devices that send visual information directly to the brain, bypassing the retina.

See for yourself

A device from OrCam has been getting a lot of attention lately because it moves beyond improving visual acuity all together.

Instead, this remarkable gadget translates visual images into auditory feedback for the user.

Imagine looking at a street sign you cannot see clearly because of a visual impairment and having your glasses read the street sign aloud to you via an earpiece.

OrCam Technologies is an Israeli start-up recently featured in *The New York Times* (<http://nyti.ms/1IJ4etp>).

Although screen readers or other reading machines have been around for some time, one thing that makes the OrCam device special is its use of Shareboost technology that allows it to effi-

ciently read or recognize street signs, newspaper articles, medication bottles, and restaurant menus.

The OrCam device has a camera that attaches unobtrusively to the temples of the wearer's glasses.

holding up a cash note from your wallet, and hearing "ten-dollar bill."

You can also teach it to recognize new objects, such as your personal items or a particular credit card.

In addition, OrCam can

"Since every action is done by pointing, it takes only minutes to learn how to operate the device," said Na'aman.

As optometrists, we will continue to enhance the vision of our patients in

found ability to read, get around on public transportation, or shop independently can be life-changing.

ODs are well-positioned to prescribe, fit, and teach patients how to use devices such as the OrCam.

The views expressed are those of the authors and do not necessarily reflect the views of the AOA.

Geoffrey G. Goodfellow, O.D., is an associate professor of optometry at the Illinois College of Optometry (ICO), ICO's assistant dean for Curriculum and Assessment and the president of the Illinois Optometric Association. He can be contacted at ggoodfel@ico.edu. Dominick M. Maino, O.D. is a professor of pediatrics and binocular vision at ICO and a Distinguished Practitioner of the National Academies of Practice. He can be contacted at dmaino@ico.edu.

Imagine looking at a street sign you cannot see clearly because of a visual impairment and having your glasses read the street sign aloud to you via an earpiece.

The camera is connected by a thin cable to a tiny pocket computer that analyzes the visual image and provides auditory information via an earpiece that resembles the ear bud of an MP3 player.

Functionality

The OrCam website (www.orcam.com) describes and shows an impressive video of some of its many functions.

For example, the device is capable of learning faces and places and can tell the user who is approaching or where he/she is located.

It can read any printed text in real time, whether it is in a book, on a sign, or on a television screen.

OrCam can even recognize hundreds of pre-installed objects. Imagine

do things like tell you when the traffic light changes color or which bus line is approaching.

"There are many devices that are capable of verbalizing text indoors in a controlled situation, but OrCam is really the first to provide a solution for independence outdoors," said Erez Na'aman, OrCam Technologies vice president of Engineering and Business Development.

Although all of the above seems futuristic, this device is real and is already commercially available for an introductory price of \$2,500.

The user interface has been described as the most intuitive you can imagine.

Most everything is triggered by pointing your finger at what you want to read or waving your hand.

every way possible.

However, we must not forget to provide help to those patients whose visual acuity or visual fields are limited.

In addition to all of the traditional vision rehabilitation options available to optometry, we also have some exciting technology options to recommend for our patients.

Giving patients a new-



Shown are several views of the OrCam device.



Codeheads,

from page 24

training timeline to allow every affected individual ample time to understand these changes while providing the necessary training.

❖ Know your top codes – There are several programs, websites and services available to help navigate the new ICD-10 codes and allow a comparison to ICD-9.

We recommend taking a look at your current top 10 to 20 ICD-9 codes for your practice to see examples of what the ICD-10 codes will be.

space after the decimal point, (1=right eye, 2=left eye, 3=both eyes) and to specify the stage as the final digit (0 = unspecified, 1 = mild, 2=moderate, 3=severe, and 4=indeterminate).

ICD-10 is coming in October 2014. Although it sounds overwhelming, the implementation guidelines are organized in a manageable timetable for your transition that will take you through the process.

Numerous vendors of

did not obsess over ICD-10 and you didn't drop tons of money on training and preparations for the "big day"!

Available ICD-10 resources

The CMS website offers many resources to prepare your practice for ICD-10. The following links include useful tools to guide your practice and prepare the transition to ICD-10:

- ❖ CMS Provider Resources
www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html
- ❖ FAQ: ICD-10 Transition Basics
- ❖ ICD-10 Transition: An Introduction Fact Sheet
- ❖ ICD-10 Basics for Medical Practices
- ❖ ICD-10 Basics for Payers
- ❖ The ICD-10 Transition: Focus on Non-Covered Entities
- ❖ Checklists, Timelines, and Implementation
- ❖ Implementation Planning
- ❖ Communicating About ICD-10
- ❖ Medscape Education: Webinar and Articles Available
- ❖ American Association of Professional Coders (www.aapc.com)
- ❖ American Health Information Management Association (www.ahima.org).

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Encourage doctors and staff in your practice to concentrate on current challenges and worry less about ICD-10.

These same programs will also allow you to compare ICD-10 codes to their previous classifications. Document these codes as a guide to improve accuracy when ICD-10 comes around.

Once again, one of the main differences will be the greater specificity of these various diseases and conditions. Examples are available at www.aapc.com/icd-10-codes or www.icd10data.com.

By entering an ICD-9 code, e.g. 365.11, the calculator provides the ICD-10 code and description, H40.11XX, primary open-angle glaucoma, stage unspecified.

All that's left for the doctor/ staff is to indicate right /left/ both eyes where the X appears in the third

educational/informational/training products and services for ICD-10 implementation make it seem that the changeover will be extremely complicated, the training will be deep and wide, and that it will cost thousands of dollars to get an office converted to the new coding system. Yes, ICD-10 will be different. Yet at this time you can do the steps above to prepare your practice at very little expense.

January 2014 will be early enough to launch your education/preparation efforts. In the meantime, try to encourage doctors and staff in your practice to concentrate on current challenges and worry less about ICD-10.

Our prediction is that when Oct. 1, 2014, arrives, you will be very happy you

CMS offers audit advice

Health care practitioners audited for compliance with federal government's Electronic Health Records (EHR) Incentive Program meaningful use standards must keep two important concepts in mind: cooperation and documentation.

Centers for Medicare & Medicaid Services (CMS) officials are making efforts to help health care practitioners understand the audit program. They offered a June webinar and interview with health care media.

While acknowledging many health care practitioners may be "unsettled" by the prospect of an audit, Elizabeth Holland, director of the Health Information Technology (HIT) Initiatives Group within CMS' Office of E-Health Standards and Services, advised those who receive audit notices "to not panic, and always tell the truth."

This year the CMS implemented pre-payment audits on Medicare and dually eligible (Medicare and Medicaid) providers participating in the EHR Incentive Programs. This audits complement post-payment audits the CMS introduced in 2012.

Both audit programs target between 5 percent and 10 percent of eligible professionals attesting to meaningful use, according to Holland.

Both the pre-payment and post-payment audit programs will be in place for the duration of the EHR Incentive Programs.

Health care practitioners will be notified by letter if they are the subject of an audit.

Practitioners who receive an audit letter have two weeks to respond. However, practitioners can request an extension.

In most cases, practitioners should have on hand most of the materials required for the audit. Auditors, for the most part, will request documentation practitioners must prepare in order to attest meaningful use.

The CMS offers an audit overview, a fact sheet explaining the documentation required to support meaningful use attestation, and other resources online. Practitioners should review the documentation guidelines to determine what materials they should retain in their records.

The CMS' EHR audit program webinar is available at www.cms.gov/ehealth.

What's better than 9?

Know your top codes – There are several programs, websites and services available to help navigate the new ICD-10 codes and allow a comparison to ICD-9.

The Codeheads recommend taking a look at your current top 10 to 20 ICD-9 codes for your practice to see examples of what the ICD-10 codes will be.

These same programs will also allow you to compare ICD-10 codes to their previous classification.

Document these codes as a guide to improve accuracy when ICD-10 comes around.

ICD-9	ICD-10
3-5 characters in length	3-7 characters in length
Approx. 14,000 codes	Approx. 79,000 available codes
First digit may be alpha (E or V) or numeric; Digits 2-5 are numeric	Digit 1 is alpha; Digits 2-7 are alpha or numeric
Limited space for adding new codes	Flexible for adding new codes
Lacks detail	Very specific
Lacks laterality (right, left, both)	Has laterality
Non-specific codes	Specificity improves coding accuracy
Difficult to analyze data due to non-specific codes	Specificity improves coding accuracy and depth of data analysis
Codes are non-specific and do not adequately define diagnosis for medical research	Detail improves the accuracy of data used in medical research



Optometrists must use EHRs in 2013 to avoid penalties in 2015

Medicare eligible professionals (EPs) who do not demonstrate meaningful use under the Medicare Electronic Health Record (EHR) Incentive Program may be subject to payment adjustments beginning Jan. 1, 2015, the U.S. Centers for Medicare & Medicaid Services emphasized in a recent reminder.

Because payment adjustments are mandated to begin the first day of the 2015 calendar year, the CMS will determine the payment adjustments

based on meaningful use data submitted prior to the 2015 calendar year.

The payment adjustments will be applied to the Medicare physician fee schedule amount for covered services provided in 2015.

EPs who do not demonstrate meaningful use in subsequent years will be subject to increased payment adjustments in 2016 and beyond.

Here is the breakdown:

- ❖ EPs who first demonstrated meaningful use in 2011 or 2012 must demonstrate mean-

ingful use for a full year in 2013 to avoid payment adjustments in 2015.

- ❖ EPs who first demonstrate meaningful use in 2013 must demonstrate meaningful use for a 90-day reporting period in 2013 to avoid payment adjustments in 2015.

- ❖ EPs who first demonstrate meaningful use in 2014 must demonstrate meaningful use for a 90-day reporting period in 2014 to avoid payment adjustments in 2015. This reporting period must occur in the first nine months of 2014, and EPs must attest to meaningful use no later than Oct. 1, 2014, in order to avoid the payment adjustments.

- ❖ EPs must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years.

ODs' Medicare EHR incentives top \$145 million

Optometrists earned some \$145,030,796 in payment bonuses through the Medicare Electronic Health (EHR) Incentive program, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

More than 12,000 optometrists – about one-third of all practicing optometrists in the nation – have now installed EHR systems in their offices and are participating in the Medicare EHR incentive program, according to CMS data released last month.

Optometrists are specifically included as eligible health care providers under the incentive program as the result of a concerted lobbying effort by the AOA Advocacy Group. The CMS originally intended to exclude optometrists from the program.

To date, fully two-thirds of the optometrists participating in the Medicare EHR program – 8,204 practitioners – have successfully earned bonuses through the program.

Under the Medicare EHR Incentive Program, which went into effect Jan. 1, 2011, health care practitioners who entered the program during 2011 or 2012 can earn up to a total of \$44,000 (\$48,400 in federally designated Health Professional Shortage Areas [HPSA]) over the six-year life of the program if they install EHR systems certified for use under the program and achieve compliance with the program's EHR utilization criteria, known as "meaningful use" standards. Practitioners who enter the program during 2013 can qualify for up to a total of \$39,000 (\$42,900 in HPSAs).

Data released by the CMS last month does not include payments made to optometrists under the separate Medicaid EHR Program. Optometrists can now qualify for Medicaid EHR incentive programs in at least 10 states.

For additional information on the Medicare EHR Incentive Program, including the latest CMS report on incentive distributions, visit www.aoa.org/ehr. More information on EHR utilization in optometric practice is available at www.excelod.com/ehr.

Eligibility

Only providers eligible for the Medicare EHR Incentive Program are subject to payment adjustments. Optometrists are among the health care professionals eligible for the program. Practitioners can use the CMS' Eligibility Widget to determine the incentive programs for which they are eligible.

Medicaid EPs who can only participate in the Medicaid EHR Incentive Program and do not bill Medicare are not subject to these payment adjustments.

Resources

For more information on EP payment adjustments, view the Payment Adjustments and Hardship Exceptions Tipsheet for EPs (<http://tinyurl.com/EHRPayAdjTips>) and the How Payment Adjustments Affect Providers Tipsheet (<http://tinyurl.com/MoreEHRPayAdjTips>).

For additional information, the CMS urges practitioners to regularly visit <http://tinyurl.com/8opzlm> for the latest news and updates.



JR Martinez, Army veteran, actor, dancer and speaker, shares his personal story during the Opening General Session sponsored by Essilor at Optometry's Meeting® June 27 in San Diego.



Bryan Markowitz, Georgia Optometric Association (GOA) executive director, accepts the Virgil Deering Upton Executive of the Year award June 28 during the AOA House of Delegates from Ryan Powell, O.D., as Pat Fuchs, assistant to the speaker of the House of Delegates, looks on. "The only hope I have is that I can give as much knowledge and service back to you as you have given me," he said.



AOA Immediate Past President Ronald L. Hopping, O.D., MPH, at right, presents Fred Dubick, O.D., Burbank, Calif., president of the California Optometric Association (COA) with the AOA Advocate of the Year award at Optometry's Meeting® in San Diego during proceedings in the House of Delegates on June 28. Dr. Dubick encouraged delegates to contribute generously to AOA-PAC and expressed appreciation for the award, saying, "It's a long way to fly from California to D.C. (to advocate for the profession), but it's worth it."

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AFFILIATE FOCUS

Eye care on wheels

New Jersey optometrists bring services to preschoolers

A\$3,500 grant from AOA's Healthy Eyes Healthy People® program, administered by Optometry Cares®—the AOA Foundation, helped New Jersey ODs reach underserved and uninsured toddlers and preschool children by bringing eye and vision care to neighborhoods with low access.

The goal of New Jersey's Camden City Head

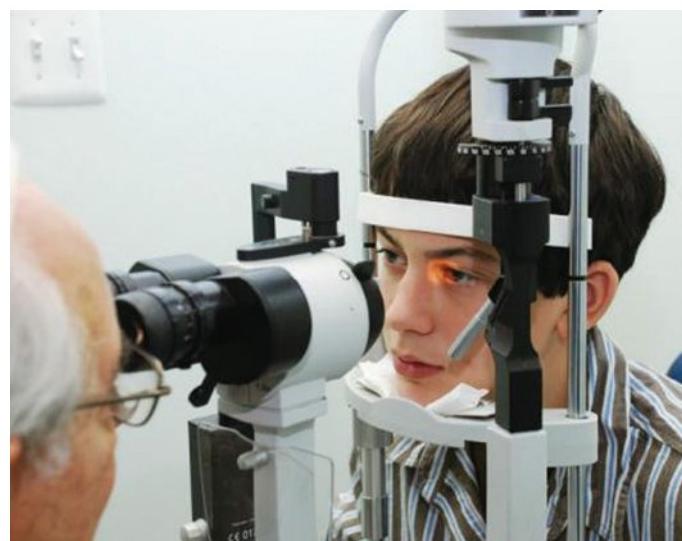
live at or below the poverty line with no access to vision care. The program was able to provide comprehensive exams and glasses (when needed) for 92 children.

The availability of the mobile vision clinic serves as a key advantage in increasing access to care for children. SJEC mobile clinic staff work with members at four Head Start programs to schedule examination site

SJEC, coordinated the entire program and was instrumental in developing the initial relationships with agencies involved.

Shelby Baker, O.D., a long-standing volunteer, provided the professional services on behalf of the SJEC.

To promote the program in the communities it serves, SJEC support staff were in constant contact with the



A South Jersey Eye Center volunteer examines a young patient.

"Without the support of the American Optometric Association, Healthy Eyes Healthy People®, and our other program partners, this initiative, like all SJEC patient care programs, would not be possible, leaving an unmet need for vital eye health and vision services in communities that need them the most."

Start on Vision Initiative program is to increase the proportion of children ages 5 years and younger receiving eye exams from eye care providers in the preceding 12 months.

The South Jersey Eye Center (SJEC) provides comprehensive follow-up services to children and extends its services to areas where 50 percent of children

visits, and the New Jersey Commission for the Blind and Visually Impaired conducts screening services for children.

Local Lions Clubs and New Eyes for the Needy provided additional examinations and, when necessary, corrective eyewear.

Lawrence A. Ragone, O.D., founder and patient care coordinator for the

project collaborators in making sure there was promotional material available for parents of the targeted toddlers and preschoolers.

"The materials provided explained the importance of childhood eye examinations, and with our facility being in the neighborhood of the program, we were happy to provide these services in our office," said Dr. Ragone.

Dr. Ragone also uses educational brochures published by the AOA and National Eye Institute during patient visits.

"The Center for Family Services was extremely helpful in disseminating material about the project to their constituents as well as providing follow-up eye health educational material to their clients and partners," said Dr. Ragone. "Without the support of the American Optometric

Association, Healthy Eyes Healthy People®, and our other program partners, this initiative, like all SJEC patient care programs, would not be possible, leaving an unmet need for vital eye health and vision services in communities that need them the most."

The New Jersey Society of Optometric Physicians supports the ongoing endeavors of the SJEC throughout the year.



The South Jersey Eye Center Mobile Vision Clinic prepares for a trip to serve those with low access to vision care.

AOA urges ODs to report adverse novelty CL events to FDA

With a growing number of websites and small retailers continuing to illegally offer decorative, noncorrective contact lenses for sale without prescription, optometrists should be diligent in reporting all adverse events associated with such lenses to the U.S. Food & Drug Administration's (FDA) MedWatch Safety Information and Adverse Event Reporting Program. Information may be reported to the FDA's MedWatch program by phone at 800-FDA-1088, by fax at 800-FDA-0178, online at www.fda.gov/medwatch, or by mail to 5600 Fishers Lane, Rockville, MD 20852-9787.

ODs have opportunity to educate on CLs with the more than 2 billion presbyopes expected by 2020

Presbyopia affects nearly 1.7 billion people worldwide today, and that number is expected to soar to 2.1 billion by 2020. In the United States, this population is expected to grow from nearly 111 million to approximately 123 million by 2020, representing an increase of more than 36 percent of the population within the next seven years. As a result, eye care professionals (ECP) could expect to see an increase in the number of patients experiencing vision issues due to presbyopia, according to Alcon, maker of Air Optix® Aqua multifocal contact lenses.

Despite the growing number of people worldwide with presbyopia, only 10 percent in the United States think, or know to discuss with their ECP changes in their vision that may be caused by presbyopia. ECPs must be prepared to educate patients about the condition,

comfortable vision, without negatively impacting a person's self-perception or appearance, such as multifocal contact lenses.

However, many presbyopic consumers are not even aware of multifocal contact lenses and that they can help correct presbyopia. In fact,

Only 18 percent of presbyopes in the U.S. were aware that multifocal contact lenses are a vision correction option for presbyopia.

the need for treatment to correct presbyopia, and what vision correction options are available.

An April 2012 article published in *Cataract & Refractive Surgery Today Europe*, positioned presbyopia as a significant and emotional event in an adult's life and that the vision issue represents the first sign of aging that they could not hide. The article also mentioned that many people with presbyopia feel that reading glasses made them feel old, and rather than seeking proper vision treatment, find workarounds to compensate for vision loss, such as stretching arms out to read fine print.

"Presbyopia can be frustrating and often takes people by surprise; it is unique due to its ability to affect patients who have never had vision correction needs in their life," said Roy Kline, O.D., who practices in Glen Falls, N.Y. "Conveying that there is no need to compromise vision acuity, comfort, convenience or even appearance is an important first step in empathizing with patients, and helping them understand what vision correction options are available."

There are many options available that provide clear,

only 18 percent of presbyopes in the U.S. were aware that multifocal contact lenses are a vision correction option for presbyopia.

Multifocal contact lenses are designed to help with all stages of presbyopia and may be the best option for those people with presbyopia who may prefer wearing contact lenses to correct their vision needs.

Air Optix® Aqua multifocal contact lenses are the leading multifocal contact lenses available and provide uninterrupted binocular vision near through far and outstanding all-day comfort day one through day 30.

"As eye care experts, patients rely on us to recommend a solution that corrects their vision issue," said Victoria Dzurinko, O.D., of Bonds Eye Care in Downingtown, Pa. "It is important that we explain to each presbyopic patient that our ultimate goal when recommending a vision correction option is to balance their visual needs from distance to near."

For more information on Air Optix® Aqua multifocal contact lenses, visit www.myalcon.com/products/contact-lenses/air-optix/multifocal-technology.shtml.

J&J offers resource to educate patients on safe CL wear

Soft contact lenses are worn safely and comfortably by millions of people worldwide, and have a long history of providing wearers with a safe and effective form of vision correction when properly worn and cared for. However, research shows that many contact lens wearers are significantly non-compliant in virtually all active steps involved in soft contact lens wear, including hand washing, case hygiene, lens disinfection, and following the recommended lens replacement schedule.

To assist practitioners in helping new and current contact lens wearers better understand how to safely wear and care for their contacts, Johnson & Johnson Vision Care, Inc. has developed Healthy Vision & Contact Lenses, a new educational resource for in-office, website, and social media use.

"Helping practitioners educate patients about eye care is a core component of our company's educational efforts," said Sheila Hickson-Curran, MCOptom, director of Medical Affairs, Vistakon® Division Johnson & Johnson Vision Care, Inc. "Through this new tool, we hope to complement eye care professionals in helping patients learn how to get the full benefits of their contact lenses and help lessen the risk for infection or other serious complications, such as microbial keratitis.

"Infections in contact lens wearers are often found among individuals who improperly store, handle, or disinfect their contacts," added Hickson-Curran, co-author of a study that surveyed frequent replacement contact lens wearers about their attitudes and behaviors regarding compliance with soft contact lenses. "How patients comply during each step of contact lens wear and care has a well documented impact on the rate of complications. Each step of non-compliance that results in no ill effects only reinforces poor behavior because nothing bad happens."

Healthy Vision & Contact Lenses offers helpful "Do's and Don'ts" for handling and wearing contact lenses and offers some easy-to-follow steps on how to reduce the risk of contact lens-related infection through proper use and care of contact lenses as well as lens-care products such as contact lens cases.

It also includes a section for eye care professionals and/or staff to fill out with patients to reinforce replacement schedules, proper cleaning and disinfecting techniques, and a reminder on when to change their contact lens case. Information about other resources where consumers can find helpful information about proper wear and care is also included.

Healthy Vision & Contact Lenses is available in both PDF and print versions. The PDF copies, which practitioners can customize/personalize to include their contact information can be viewed and downloaded at www.ACUVUEProfessional.com/HVCL. The print versions include 50 tear-sheets on a pad.

To request a pad, send your name and address to healthyvision@its.jnj.com.



- Alcon
- Allergan
- Bausch + Lomb
- CooperVision
- Essilor of America
- HOYA Vision Care
- Kemin Health
- Luxottica Group
- Optos
- TLC Vision Corporation
- Transitions Optical
- VisionWeb
- Vistakon®, Johnson & Johnson Vision Care, Inc.



INDUSTRY NEWS

NikeVision site features Transitions products, videos

Signaling the strength of the partnership, and confidence in the technology and brand, Nike Vision launched a "takeover" of *NikeVision.com*, featuring the company's three co-branded products with Transitions Optical.

Nike® Max Transitions® Golf, Speed and Outdoor Tints are each highlighted in

changing light conditions. The videos and social media assets are available for eye care professionals through the Transitions professional Facebook page.

"It goes without saying that we're tremendously proud of our partnership with Nike, one of the most elite sports brands in the world," said Grady Lenski, managing

product demo videos are a reflection of the power of this collaboration – this is a perfect opportunity for eye-care professionals to leverage the power of these two brands."

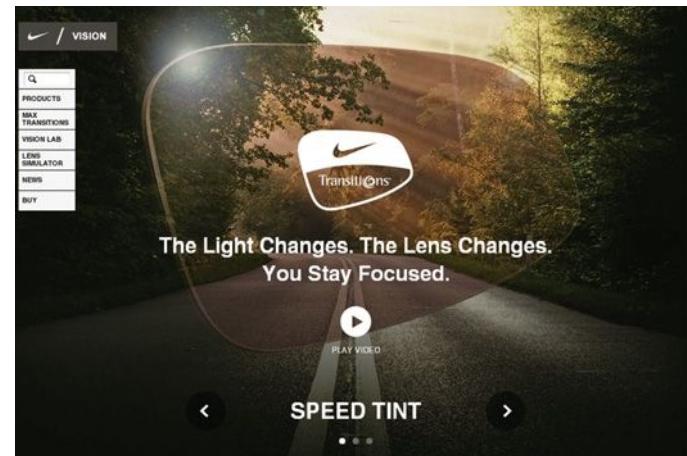
"These sunglasses have generated a buzz among athletes already," said Steve Tripi, marketing director, Marchon Eyewear/Nike Vision. "Anyone looking to up their athletic performance recognizes the inherent advantages of superior vision."

"We know that eye care professionals can benefit directly from recommending premium brand offerings to patients," added Lenski. "In fact, 89 percent of patients say the lens options offered to them by their ECPs is important to them. This is a guaranteed way to increase patient satisfaction, by rec-

"This is a guaranteed way to increase patient satisfaction, by recommending Nike Max Transitions lenses as a second-pair sale, or a primary sunglass pair for contact lens wearers or patients with no prescription."

three separate videos that demonstrate each product's adaptive technology in

director, adjacencies, Transitions Optical. "The homepage takeover and



View of NikeVision.com homepage

ommending Nike Max Transitions lenses as a second-pair sale, or a primary sunglass pair for contact lens wearers or patients with no prescription."

The homepage takeover will be featured on *NikeVision.com* for several weeks. Visitors to the page are directed to the videos first and can also link to pages with additional product technology details, avail-

able frame styles and ordering/purchase information.

All three Nike Max Transitions products are available for purchase at *NikeStore.com*. Eye care professionals can order product and point of sale materials through their Marchon representative.

For more information, visit *Transitions.com/Sunwear* or *NikeVision.com/Transitions*.

VisionWeb introduces Uprise

VisionWeb unveiled Uprise, a comprehensive cloud-based practice management and EHR solution, at "The State of Optometry: Present and Future" summit at Optometry's Meeting.

VisionWeb has been the leading provider of cloud-based software and technology solutions to the eyecare industry since 2001 and more than 17,000 eye care providers already rely on VisionWeb's efficiency building, online ordering and claim filing solutions in their practices.

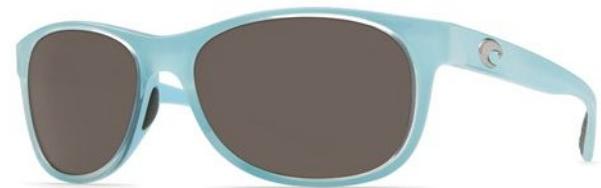
Uprise is the next generation in VisionWeb's mission to make online solutions that improve day-to-day business processes more affordable and accessible for independent eyecare practitioners. Complete details on Uprise are available at www.startyouruprise.com.

Uprise is easy to implement, easy to afford, and easy for any practice to use. It is a true cloud-based solution and users will access the system by logging in via Internet browser. Uprise is also designed to be friendly with both tablet and PC devices, giving users freedom to choose the hardware devices most suitable for their practices. Uprise users will not be burdened with upfront investments in hardware and servers, or the long-term investments in IT infrastructure that is needed to support a client-server solution.

"We recognized that there was a need in the practice management and EHR space for a solution that offered more accessibility, interoperability, and more enhanced work-flow than ever before," said Ken Engelhart, president and CEO of VisionWeb. "VisionWeb has been providing productivity improving, software-as-a-service solutions in the cloud for years. Working to fill the gap that existed in the practice management/EHR space with a cloud-based solution was a natural response for us and is something we are excited to take on with the introduction of Uprise."

Eye care providers interested in learning more about Uprise are encouraged to visit www.StartYourUprise.com or call 855-8UPRISE (855-887-7473) toll-free to speak to an Uprise representative.

Costa props up summer style



Costa introduced three new sunglass styles for the summer: Prop, KC and the limited-edition Grand Catalina.

Featuring an trendy retro style in a medium fit, Prop is available in fresh new frame colors ocean (shown here), coral and black pearl, as well as tortoise, black and the combination black/white. The sturdy nylon frame and integral hinge construction means Prop is built to last, and no-slip Hydrolite™ nose pads help keep the sunglasses comfortably in place all day. It starts in price at \$149.

For more information, visit www.costadelmar.com.





MEETINGS

July

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY
2013 VICTORIA CONFERENCE
July 18-21, 2013
Delta Ocean Pointe Resort, Victoria, BC, Canada
Jeanne Oliver
503/352-2740
FAX: 503/352-2929
jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

EYE SYMPOSIUM NORTHWEST
July 19-21, 2013
The Davenport Hotel, Spokane, WA

IOWA OPTOMETRIC ASSOCIATION
OKOBJII OPTOMETRIC MEETING
July 19-21, 2013
The Inn, Okoboji, IA
800/444-1772
515-222-5679
FAX: 515-222-9073
<http://iowaoptometry.org>

SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY
OCULAR DISEASE PART II – ALL THERAPEUTIC CE PROGRAM – 2 DAYS
July 20-21, 2013
SCCO Campus, 2575 Yorba Linda Blvd.
Fullerton, CA 92831-1699
Antoinette Smith or Bonnie Dellatorre
714/449-7495
ce@scco.edu

NORTHERN ROCKIES OPTOMETRIC CONFERENCE
July 25-27, 2013
Snow King Resort and Conference Pavilion
Jackson, Wyoming
Coby Ramsey, O.D.
cramsey@wyoming.com
www.nrocmeeting.com/index.asp

NOVA SOUTHEASTERN UNIVERSITY
NOVA SEE ST. SIMONS ISLAND
July 26-28, 2013
St. Simons Island, GA
Vanessa McDonald
954/262-4224
FAX: 954/262-1818
ocea@nova.edu
<http://optometry.nova.edu/ce>

ALABAMA OPTOMETRIC ASSOCIATION SUMMER CONFERENCE
July 26-27, 2013
Sandestin Hilton, Destin, FL
Jo Beth Wicks
334/273-7895
jobeth@alaopt.com
www.alaopt.com

TAHOE SUMMIT 2013 AT LAKE TAHOE
July 26-28, 2013
Hyatt Regency Lake Tahoe at Incline Village, NV
916/447-0270
jerrysue@svos.info

August

ALASKA OPTOMETRIC ASSOCIATION ANNUAL SUMMER CONFERENCE
August 1-4, 2013
Wedgewood Resort, Fairbanks, AK
AKOA@alaska.com
www.akoa.org

WISCONSIN OPTOMETRIC ASSOCIATION SUMMER EDUCATION EVENT
August 2-3, 2013
Blue Harbor Resort, Sheboygan, WI
Joleen Breunig, Member Services Director
608/824-2200
joleen@woa-eyes.org
www.woa-eyes.org

SWFOA EDUCATIONAL RETREAT
August 2-4, 2013
South Seas Island Resort Captiva, FL
Brad Middaugh, O.D.
239/481-7799
FAX: 239/481-3739
swfoa@att.net

COLORADO VISION SUMMIT
August 3-4, 2013
Crowne Plaza Hotel DIA
Denver, CO
303/863-9778
www.coloradovisionsummit.org

NEW JERSEY ACADEMY CHAPTER 1-DAY SEMINAR
August 7, 2013
Jumping Brook Country Club, Neptune, NJ
Dennis H Lyons, O.D.
732/920-0110
dhl2020@aol.com

NOVA SOUTHEASTERN UNIVERSITY SUPER SUNDAY 2013
August 18, 2013
Orlando, FL
Vanessa McDonald
954/262-4224
FAX: 954/262-1818
ocea@nova.edu
<http://optometry.nova.edu/ce>

2013 AOAEXCEL™ EHR & MEDICAL RECORDS COMPLIANCE PROGRAM
REVOLUTIONEHR, VISIONWEB, FOXFIRE
August 21, 2013
Atlanta, GA
Patti Kinder
PKinder@ExcelOD.com
www.ExcelOD.com/EHR

SOUTH CAROLINA OPTOMETRIC PHYSICIANS ASSOCIATION ANNUAL MEETING
106th Annual Meeting
August 22-25, 2013
Myrtle Beach Marriott Resort and Spa at Grande Dunes, Myrtle Beach, SC
803/799-6721 or 877/799-6721 (toll free)
info@sceyedoctors.com
www.sceyedoctors.com

2013 AOAEXCEL™ EHR & MEDICAL RECORDS COMPLIANCE PROGRAM
REVOLUTIONEHR, VISIONWEB, FOXFIRE
August 23, 2013
Dallas, TX
Patti Kinder
PKinder@ExcelOD.com
www.ExcelOD.com/EHR

UAB SCHOOL OF OPTOMETRY CONTINUING EDUCATION & ALUMNI WEEKEND
August 23-25, 2013
Volker Hall, UAB Campus, Birmingham, AL
Candie Bratton
205/934-5701
uabsoce@uab.edu
www.uab.edu/optometry

September

FELLOWSHIP OF CHRISTIAN OPTOMETRISTS ANNUAL EDUCATIONAL CONFERENCE
September 6-8, 2013
Holiday Inn Resort Pensacola Beach, FL
Mike Goen
850/530-9626
foreknown@aol.com
www.fcoint.org/services/annualConference.html

VERMONT OPTOMETRIC ASSOCIATION ANNUAL MEETING
September 13-15, 2013
Hilton Hotel and Conference Center, Burlington, VT
David J. DiMarco O.D.
802/524-9561
FAX: 802/524-6060
djd@nveyecare.net

NORTHEASTERN STATE UNIVERSITY OKLAHOMA COLLEGE OF OPTOMETRY FALL PRIMARY EYE CARE UPDATE - ANNUAL ALUMNI EVENT AND GOLF TOURNAMENT
September 14-15, 2013
Tahlequah, OK
Mary Stratton or Brittany Williams
stratton@nsuok.edu or willi193@nsuok.edu

TROPICAL CE
September 14-27, 2013
South Africa
281/900-8493
Fax: 281/274-9338

SHARED VISIONS GALA
September 19, 2013
Richard Nixon Presidential Library
Yorba Linda, CA
909/706-8525
FAX: 909/510-8214
jessblockpr@gmail.com
www.scco.edu/sharedvisions

2013 GWCO CONGRESS
September 19-22, 2013
Oregon Convention Center, Portland, Oregon

ENVISION CONFERENCE 2013
September 19-21, 2013
Hyatt Regency Minneapolis, Minneapolis, MN
info@envisionconference.org
www.envisionconference.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION 44TH ANNUAL COLORADO VISION TRAINING CONFERENCE
September 20-22, 2013
YMCA of the Rockies, Estes Park, CO
303/325-2019
jamie@highlinevisioncenter.com
www.visioncare.org (search ESTES)

NOVA SOUTHEASTERN UNIVERSITY FALL CONFERENCE
September 21-22, 2013
Fort Lauderdale, FL
Vanessa McDonald
954/262-4224
FAX: 954/262-1818
ocea@nova.edu
<http://optometry.nova.edu/ce>

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY EVERYTHING RETINA
September 21-22, 2013
The Westin Riverwalk Downtown, San Antonio, TX
713-743-1900
<http://ce.opt.uh.edu/live-events/ers2013>

CENTRAL PENNSYLVANIA OPTOMETRIC SOCIETY CE FORUM XVII
September 22, 2013
The Hotel Hershey, Hershey, PA
Mary Good, O.D.
cposrsvp@gmail.com

SOUTH DAKOTA OPTOMETRIC SOCIETY FALL CONFERENCE
September 26-27, 2013
Rushmore Plaza Holiday Inn
Rapid City, SD
Deb Mortenson
605/224-8199
Sdeyes3@pie.midco.net

WISCONSIN OPTOMETRIC ASSOCIATION CONVENTION AND ANNUAL MEETING
September 26-29, 2013
Kalahari Resort, Wisconsin Dells, WI
Joleen Breunig, Member Services Director
608/824-2200
joleen@woa-eyes.org
www.woa-eyes.org




2013 Schedule

NOVEMBER 1-2, 2013
MARYLAND OPTOMETRIC ASSOCIATION
2013 ANNUAL CONFERENCE
HYATT REGENCY BALTIMORE
BALTIMORE MARYLAND
TIME: TBD

NOVEMBER 2, 2013
OPTOMETRY ASSOCIATION OF LOUISIANA
FALL CE CONFERENCE
BATON ROUGE, LA
TIME: TBD

NOVEMBER 6, 2013
NEW JERSEY SOCIETY OF OPTOMETRIC PHYSICIANS
FALL CE SEMINAR
MANALAPAN, NJ
TIME: TBD

You may contact Capucine Chatman-Williams at CCWilliams@aoa.org for additional information on this course.

KENTUCKY OPTOMETRIC ASSOCIATION
2013 FALL CONFERENCE
September 27-29, 2013
Louisville, KY
502/875-3516
sarah@kyeyes.org

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY CE IN FORT WORTH September 28-29, 2013 Alcon Laboratories Schollmaier Auditorium, Fort Worth, TX 713-743-1900 <http://ce.opt.uh.edu/live-events/ceinftw2013>

NORTH DAKOTA OPTOMETRIC ASSOCIATION'S 110TH ANNUAL CONGRESS & EXHIBITION September 29-October 1, 2013 Ramada Plaza Suites, Fargo, ND 701/258-6766 FAX: 701/258-9005 ndoa@btinet.net www.ndeyecare.com

October

OHIO OPTOMETRIC ASSOCIATION EASTWEST EYE CONFERENCE/OOA ANNUAL CONGRESS October 3-6, 2013 Global Center for Health Innovation, Cleveland, OH Linda Fette 800/999-4939 linda@ooa.org www.eastwesteye.org

SOUTHERN COLLEGE OF OPTOMETRY 2013 FALL CONTINUING EDUCATION AND HOMECOMING WEEKEND October 3-6, 2013 SCO Campus and The Peabody Memphis Hotel, Memphis, TN Carla O'Brian 800-238-0180, ext. 5 901/722-3235 ce@sco.edu www.sco.edu

CONNECTICUT ASSOCIATION OF OPTOMETRISTS ANNUAL EDUCATION CONFERENCE October 5-7, 2013 Mystic Marriott Hotel & Spa Lynn Sedlak, CAE, MBA 860/529-1900 lsedlak@cteyes.org www.cteyes.org

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT 43RD ANNUAL MEETING October 8-12, 2013 Rosen Shingle Creek, Orlando, FL 330/995-0718 www.covd.org

WISCONSIN OPTOMETRIC ASSOCIATION NORTHWOODS EDUCATION EVENT October 11-12, 2013 Grand Pines Resort, Hayward, WI Joleen Breunig, Member Services Director 608/824-2200 joleen@woa-eyes.org www.woa-eyes.org

COLEGIO DE OPTÓMETRAS DE PUERTO RICO 20TH OPTOMETRIC CONVENTION October 11-13, 2013 Ritz Carlton, Isla Verda, Puerto Rico 787/767-2828 info@colegiooptometraspr.com www.optometras.org

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY & VOSH INTERNATIONAL CE IN HOUSTON October 13, 2013 Health and Biomedical Science Building, Molly and Doug Barnes Vision Institute (located at the University of Houston College of Optometry), Houston, TX 713-743-1900 <http://ce.opt.uh.edu/live-events/ceinhouston2013>

IOWA OPTOMETRIC ASSOCIATION HAWKEYE INSTITUTE October 17-18, 2013 Cedar Rapids Marriott Hotel, Cedar Rapids, IA 800/444-1772 515-222-5679 FAX: 515-222-9073 <http://iowaoptometry.org>

PIONEERS IN OPTOMETRY REGIONAL CONFERENCE OKLAHOMA ASSOCIATION OF OPTOMETRIC PHYSICIANS October 18-20, 2013 Renaissance Hotel & Convention Center Tulsa, OK Heatherlyn Burton 405/524-1075 heatherlyn@aoop.org www.PioneersInOptometry.org

CE IN ITALY October 19-21, 2013 Florence Italy Dr. James L. Fanelli 910/452-7225 jamesfanelli@ceinitaly.com www.CEinItaly.com

VIRGINIA OPTOMETRIC ASSOCIATION VOA FALL CONFERENCE October 19-20, 2013 Williamsburg, VA Bo Keeney 804-643-0309 www.thevoa.org

CE IN ITALY October 23-25, 2013 Tuscany, Italy Dr. James L. Fanelli 910/452-7225 jamesfanelli@ceinitaly.com www.CEinItaly.com

AMERICAN ACADEMY OF OPTOMETRY ACADEMY 2013 SEATTLE October 23-26, 2013 Seattle Convention Center www.aaopt.org

November

PENNSYLVANIA OPTOMETRIC ASSOCIATION ESSENTIALS IN EYE CARE November 2-3, 2013 Marriott Pittsburgh North, Cranberry Township, PA Ilene Sauertieg ilene@poeeyes.org www.pennsylvania.aoa.org

2013 AOAEXCEL™ EHR & MEDICAL RECORDS COMPLIANCE PROGRAM REVOLUTIONEHR, VISIONWEB, FOXFIRE November 6, 2013 Chicago, IL Patti Kinder PKinder@ExcelOD.com www.ExcelOD.com/EHR

TROPICAL CE November 6-10, 2013 Puerto Vallarta 281/900-8493 Fax: 281/274-9338

VIRGINIA OPTOMETRIC ASSOCIATION VOA VOYAGES IN VISION CONFERENCE November 7-10, 2013 St. Thomas, US Virgin Islands Bo Keeney 804-643-0309 www.thevoa.org

2013 AOAEXCEL™ EHR & MEDICAL RECORDS COMPLIANCE PROGRAM REVOLUTIONEHR, VISIONWEB, FOXFIRE November 8, 2013 Las Vegas, NV Patti Kinder PKinder@ExcelOD.com www.ExcelOD.com/EHR

ALABAMA OPTOMETRIC ASSOCIATION ANNUAL CONVENTION November 8-10, 2013 Birmingham, AL Jo Beth Wicks 334/273-7895 jobeth@alaopt.com www.alaopt.com

WISCONSIN OPTOMETRIC ASSOCIATION PRIMARY CARE SYMPOSIUM November 8-9, 2013 Madison Marriott West Hotel, Middleton, WI Joleen Breunig, Member Services Director 608/824-2200 joleen@woa-eyes.org www.woa-eyes.org

FORUM ON OCULAR DISEASE

October 12-13 in Orlando, FL WDW Swan and Dolphin Hotel

Melton & Thomas ** Murray Fingeret Jerome Sherman ** Deepak Gupta

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December 7-8, 2013 Westin Memorial City, Houston, TX 713-743-1900

January

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY 2013 CE CHARLESTON November 8-9, 2013 Doubletree Suites, Charleston, SC Jeanne Oliver 503/352-2740 FAX: 503/352-2929 jeanne@pacificu.edu www.pacificu.edu/optometry/ce

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY CE IN AUSTIN November 9-10, 2013 Omni Austin Hotel Downtown, Austin, TX 713-743-1900 <http://ce.opt.uh.edu/live-events/ceinaustin2013>

VIRGINIA ACADEMY OF OPTOMETRY ANNUAL EDUCATIONAL CONFERENCE November 10, 2013 Fredericksburg, VA vaacadoptom@yahoo.com

TROPICAL CE January 18-25, 2014 Costa Rica 281/900-8493 Fax: 281/274-9338

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY BERKELEY PRACTICUM - 25TH ANNUAL January 18-20, 2014 DoubleTree Hotel, Berkeley Marina, Berkeley, CA UCBSO Continuing Education Program Office 510/642-6547 FAX: 510/642-0279 optoce@berkeley.edu <http://optometry.berkeley.edu/ce/berkeley-practicum>

December

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY 30TH ANNUAL CORNEA, CONTACT LENS & CONTEMPORARY VISION CARE SYMPOSIUM

To place a featured calendar event, email t.peppers@elsevier.com.

To submit standard items for the meetings calendar, send a note to eventcalendar@aoa.org.

Please allow several months' lead time.



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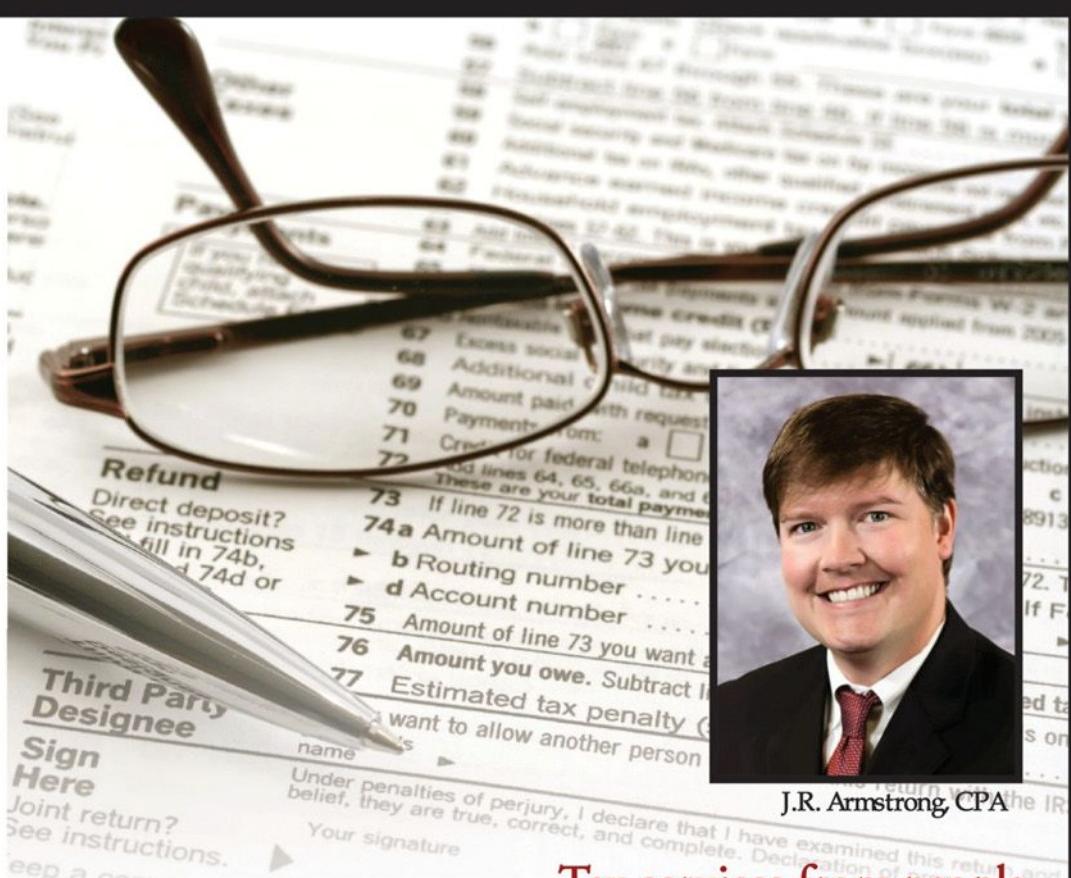
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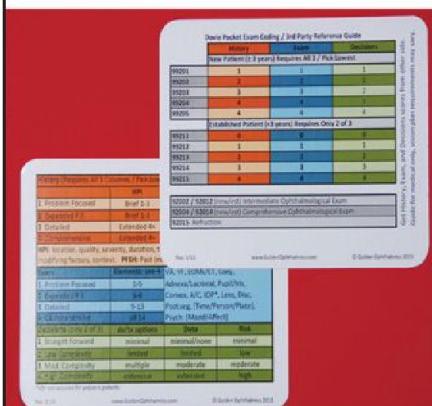


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ALERT

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AVELOX

is a member of the fluoroquinolone class of antibiotics. As early as 2004, there have been case reports of irreversible blindness and reversible vision loss associated with the use of **AVELOX**. Case reports indicate that **AVELOX** is associated with uveitis, iris transillumination with pigment dispersion, pupil paralysis, and photophobia.

UNFORTUNATELY, THE AVELOX LABEL DOES NOT WARN OF THESE RISKS.

We are currently investigating cases for individuals who have suffered permanent vision loss after taking **AVELOX**. We believe that these injuries have been underreported so we are looking for other similar incidents. If you know of someone who has suffered vision loss after recently using **AVELOX**, our law firm, Martin & Helms, P.C., would like to speak with him/her and make a record of his/her experience.



Martin & Helms, P.C.
ATTORNEYS AT LAW

PLEASE CONTACT
TARA HELMS:
1-877-539-1990
helms@martinhelms.com

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Dr. James Fanelli 910-452-7225 jamesfanelli@CEinItaly.com



American Optometric Association NEWS

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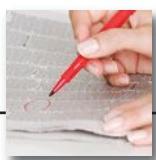
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Envision Conference 2012 was approved for 77 hours of COPE continuing education.



www.envisionconference.org



SHOWCASE

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COLLEGE of OPTOMETRY

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The University of Houston seeks an outstanding optometrist in the area of low vision/vision rehabilitation to join the Department of Clinical Sciences Faculty in its College of Optometry, which is internationally recognized for its clinical and research faculty (see <http://www.opt.uh.edu/> for details).

The successful Clinical Track applicant must possess an O.D. degree and have completed a residency/fellowship program or have equivalent clinical and academic experience in the area. The candidate will be expected to participate in clinical teaching and patient care activities within the Clinical Sciences Department and thus must be eligible for optometric licensure in the state of Texas. Experience or willingness to participate in didactic teaching is desirable. The successful candidate will be expected to produce clinically relevant scholarship within the framework of patient care.

Salary and faculty rank will be commensurate with the candidate's qualifications. To apply, please send a Curriculum Vita, a one to two page description of your clinical interests, experience, scholarship, long-term career goals, and the names and contact information for three references to:

Earl L. Smith III, O.D., Ph.D., Dean
College of Optometry
University of Houston
505 J. Davis Armistead Bldg.
Houston, TX 77204-2020

713-743-1899 email: esmith@uh.edu

Review of applications will begin immediately and continue until positions are filled.

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Minorities, women, veterans and persons with disabilities are encouraged to apply.*

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2Hr. CE/TQ

Kenneth W. Lawson, O.D.

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Medical Records Review 2013

"You become the Auditor" Part II 1Hr. CE

Jill Autry, O.D., R.Ph.

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College of Optometry

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Questions concerning these positions as well as current curriculum vitae, official transcripts of degrees earned, and three letters of reference should be directed to:

Josephine Shallo-Hoffmann, Ph.D.
Chair Faculty Search Committee
Nova Southeastern University College of Optometry
3200 South University Drive
Fort Lauderdale, FL 33328
Phone: 954-262-1406
Email: shoffman@nova.edu

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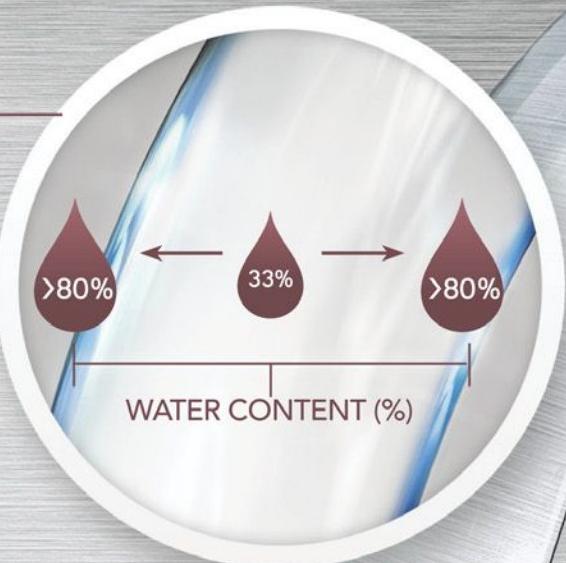
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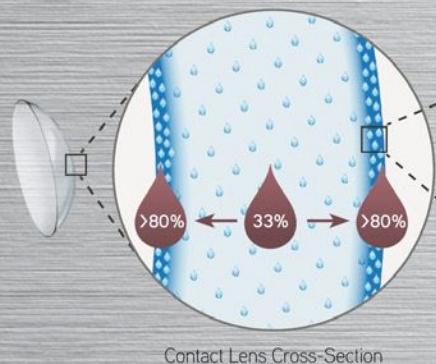
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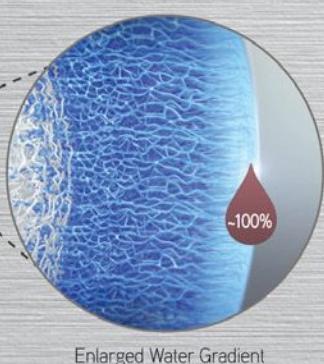
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Contact Lens Cross-Section



Enlarged Water Gradient



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1. Based on the ratio of lens oxygen transmissibilities among daily disposable contact lenses. Alcon data on file, 2010.

2. Based on critical coefficient of friction measured by inclined plate method; significance demonstrated at the 0.05 level. Alcon data on file, 2011.

3. In a randomized, subject-masked clinical study, n=40. Alcon data on file, 2011.

4. Angelini TE, Nixon RM, Dunn AC, et al. Viscoelasticity and mesh-size at the surface of hydrogels characterized with microrheology. ARVO 2013;E-abstract 500, B0137.

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